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ABSTRACT

This guide is designed to serve organizations and individuals working with youth on issues of alcohol and other drug (AOD) prevention. Chapter 1 examines why coalitions are needed, characteristics of prevention, misconceptions about alcohol and other drug use, community systems and alcohol and other drug use, definitions of coalitions and networks, and the power of youth involvement. Chapter 2 discusses developmental stages, a model for growth and development, theory and research, program strategies, giving information, building life skills, training influential people, providing healthy alternatives, early intervention, program models, influencing public policy, and creating environmental protection. Chapter 3 addresses the question of when a needs assessment should be conducted, how needs are assessed, what to do with needs assessment results, a needs assessment framework for youth prevention program development, and interactions among systems and larger systems factors. Chapter 4 explains what coalitions are and how they work, how coalitions begin, possible functions of coalitions, how coalitions are structured, possible pitfalls of coalitions, and how to make a coalition work. Chapters 5 and 6 deal with program planning and management, and evaluation, respectively. Finally, chapter 7 examines the issue of raising money. Included in this chapter is a discussion of proposal preparation, writing the proposal, and follow-up. (LLL)

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GETTING IT TOGETHER: Promoting Drug-Free Communities

A Resource Guide for Developing Effective Youth Coalitions

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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GETTING IT TOGETHER:
Promoting Drug-Free Communities

A Resource Guide for Developing Effective Youth Coalitions

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Office for Substance Abuse Prevention
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Getting It Together: Promoting Drug-Free Communities

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How To Use This Resource Guide

This guide is designed to serve you, the many diverse organizations and individuals working with youth on issues of alcohol and other drug (AOD) prevention. Each chapter can stand alone to provide up-to-date information on the prevention of AOD problems. Used together, these chapters provide a guided tour through comprehensive program planning for parents, educators, counselors, and others who work with young people.

While a vast number of exemplary programs are available throughout the United States, most operate independently. The purpose of this book is to give people from diverse programs and systems a new possibility for working together. If you try to read through each section first, you will find a flow of information designed to support your learning.

Communities have all of the elements to build effective coalitions among youth organizations. The key ingredient in the recipe for a youth coalition is YOU.

Foreword

The Office for Substance Abuse Prevention (OSAP), through the technical assistance capacity of its Division of Community Prevention and Training, created a special Youth Initiative in 1988. This initiative responded to an emerging need for coordination among national youth organizations seeking to build an Alcohol and Other Drug prevention component into their programs. OSAP convened 39 such groups in St. Louis, Missouri, at the National Conference of Youth Organizations, the purpose of which was to train youth and adults to act as catalysts for prevention within their communities. Groups shared programs and expertise and planned action agendas to guide their efforts at home. Since then, youth boards have been started in several urban areas to complement existing community prevention efforts.

This resource manual was originally developed for that event and for various followup activities. In 1991, the Hilton Foundation, through the "BEST Campaign for a Drug-Free Tomorrow," provided a version of this manual for its kickoff campaign, which included participants from the 1988 Youth Initiative. OSAP gratefully acknowledges the support of the Hilton Foundation, our private-sector partners.

Getting It Together is intended to help communities tap into a powerful resource—the expertise and enthusiasm of the many young people who are committed to preventing alcohol and other drug abuse in America. Studies of effective models have consistently shown that there is much to be gained from involving our youth in planning programs. These young people have much to give; their involvement in prevention planning and coordination often results in the development of the most authentic, experience-based activities and strategies.

OSAP presents this publication with pleasure and with the hope that communities across the country will find it a valuable tool in building coalitions for alcohol and other drug prevention.

Elaine M. Johnson, Ph.D.
Director
Office for Substance Abuse Prevention

Chapter 1:
The Big Picture

Scattered across the United States are thousands of youth-serving organizations, including the one you belong to. Yours is a good organization, and you're very proud of its purposes, programs, and identity. Often, however, it's a struggle to keep up with the changing needs of the young people you serve, to learn state-of-the-art program strategies, to train staff, and to sustain resources. At times it feels lonely, and you wonder who else is in the same boat. Who's out there? How can you have more support and impact?

In 1986, the U.S. Congress funded the Anti-Drug Abuse Act and created the Office for Substance Abuse Prevention (OSAP) to provide national leadership for the prevention of alcohol and other drug (AOD) use by young people and to promote drug-free communities throughout the Nation. OSAP's youth initiative evolved out of the March 1987 International Parents Resource Institute for Drug Education (PRIDE) Conference. A small group of youth representatives and adult advisers from several organizations were identified and brought to Washington, D.C., for a series of planning meetings. They recommended that 50 organizations already involved in drug abuse prevention projects be brought together as a working coalition. The following are among the many goals that OSAP hopes to accomplish through the youth initiative:

- To collect information about the needs of organizations concerned with youth development and AOD prevention.
- To provide a vehicle for sharing exemplary programs with member organizations and communities.
- To involve youth organizations in developing regional workshops to train youth and adult trainers in prevention work.

WHY ARE COALITIONS NEEDED?

Good question! Understanding the answer is crucial to planning and implementing effective prevention programs. These fundamental ideas serve as a foundation for the answer:

- Only through a comprehensive approach by thousands of communities across the nation can the problem of AOD use be effectively addressed.
- Researchers, prevention specialists, and program planners now know that preventing AOD use means initiating a range of different activities relevant to the various "systems" and settings that influence youth.

- Coalitions of various organizations can address the diversity of needed activities. That is why coalitions are now becoming a primary tool in making AOD prevention a reality.

Dr. Elaine M. Johnson, Director of OSAP, states

> As the drug abuse crisis expanded to all corners of America, and the social and economic benefits of prevention became evident, professionals in the field began to regard prevention as a legitimate discipline in its own right..., an identifiable and growing branch of knowledge based on research and existing expertise in the field..., a discipline essential to the work and training of prevention practitioners and educators.

To summarize the current status of prevention and to provide a sound foundation for program planning, the remainder of this chapter will address several important issues in the field.

CHARACTERISTICS OF PREVENTION

Prevention can be described as a collaborative process affecting individual AOD use. Prevention develops personal and social competence and modifies social environments and systems to better meet the needs of a population. Unlike treatment, prevention is proactive. It is action before the onset of a problem. For example, preventive activities are conducted among healthy populations of people who may be considered susceptible at some point in the future. The focus of prevention is broader than a specific problem such as AOD use. Activities are designed to prevent risk factors from affecting members of a population by increasing the strengths of individuals, systems, and organizations. Prevention strategies promote the knowledge and skills of the members to enable them to cope with and withstand harmful circumstances.

MISCONCEPTIONS ABOUT ALCOHOL AND OTHER DRUG USE

By the late 1960s, it had become apparent that AOD problems were affecting middle-class, suburban communities as well as low-income, urban areas. Groping for solutions, health professionals and educators analyzed the characteristics and pathology of known drug abusers in hopes of learning preventive strategies. This premise, which was based on the traditional medical approach to illness, focused on individuals in treatment.

The general public also viewed drug use as a problem of certain individuals who were sick or immoral, lacked information or will power, or were deficient in some skill or characteristic.

The definition of a problem partially determines the solutions explored. The basic assumption that AOD use is an individual problem led to a simplistic focus on the individual apart from the context of his or her life. Schools imparted information on drugs and their effects. Law enforcement agencies warned people of the legal implications. Parents, churches, and other organizations preached morality. And

counselors as well as teachers worked on teaching communication and problem-solving skills. The focus on shaping up the individual not only produced little effect among users but also did little to prevent young people from trying drugs. The disappointing results of program evaluations led schools and communities to conclude that drug use prevention did not work at all.

COMMUNITY SYSTEMS AND ALCOHOL AND OTHER DRUG USE

Ideas for a new strategy came from both researchers and prevention practitioners. Drug use and abuse are not isolated personality problems; they involve biological and sociocultural elements. Behavior is greatly determined by the interaction of the individual with all of the systems in which he or she lives, works, and plays, and researchers and field practitioners began to realize that prevention means working within this wider context.

The environmental context—the groups, simple and complex, to which individuals belong—is an essential element for understanding growth. Social settings or systems are the "where" of emerging individuality, supporting and challenging or limiting and thwarting each person's development.

Figure 1. The Egan-Cowan human systems diagram

THE LARGER INSTITUTIONS
NETWORK OF PERSONAL SETTINGS
WORK or SCHOOL
PEERS
FAMILY
COMMUNITY
THE CONTEXT OF SOCIAL DEVELOPMENT
POLITICS • EDUCATION • GOVERNMENT • ECONOMICS • MASS MEDIA • RELIGION • CULTURE

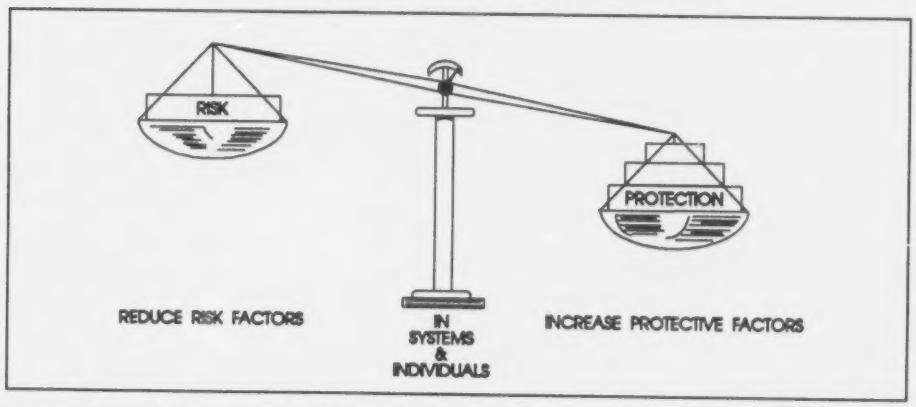
Human development has been described as a function of the interaction between people and the human systems to which they belong and of the interaction of these systems with one another (figure 1).

Systems usually fall into four categories: personal settings, such as the family, which are the immediate contexts of life; the network of personal settings, or the various ways in which personal systems interact with and influence one another; the larger organizations and institutions of society and the ways in which they affect one another, individuals, and personal systems; and culture, which pervades and influences all levels of systems. These systems are discussed in the section on a model for growth and development in chapter 2.

Researchers and prevention specialists began to analyze the many factors within families, schools, peer groups, and communities that either contribute to or deter the use of alcohol and other drugs. The former are now called risk factors and the latter protective factors.

Figure 2 represents the balance that must be part of planning, program development, and implementation.

Figure 2. Balancing risk and protective factors



Some of the risk factors linked to AOD use and abuse are noted for the social systems outlined in table 1.

More recently, research has provided knowledge of factors within the various systems that prevent use of or delay experimentation with drugs. Many are simply the translation of risk factors into a positive dimension. For instance, we know that families that value and encourage education, provide warmth and nurturance, and involve significant adults beyond those in the nuclear family in the care of their children are providing protection. Preschools and schools that deliberately focus on children's social development and use cross-age role models are supportive systems. All systems need to provide children with opportunities to build competence in the following areas:

- health promotion
- communication
- planning and goal setting
- task master
- empathy
- stress management
- critical thinking
- assertiveness
- humor

Table 1. Risk and protective factors in key systems

Risk factors

Family

Family management problems:

- Unclear expectations for behavior
- Lack of monitoring
- Inconsistent or harsh discipline
- Lack of bonding and caring
- Marital conflict
- Condoning teen use of alcohol and other drugs
- Parental misuse of tobacco, alcohol, and other drugs
- Low expectations of children's success
- Family history of alcoholism and drug problems

School

- Negative school climate
- School policy not defined or enforced
- Availability of tobacco, alcohol, and other drugs
- Transitions between schools
- Academic failure
- Lack of student involvement
- Labeling and identifying students as "high-risk"
- Truancy and suspension

Peers

- Early antisocial behavior
- Alienation and rebelliousness
- Favorable attitudes toward drug use
- Early first use
- Greater influence by and reliance on peers than parents
- Friends who use tobacco, alcohol, and other drugs

Community

- Economic and social deprivation
- Low neighborhood attachment and community disorganization
- Lack of employment opportunities and youth involvement
- Easy availability of tobacco, alcohol, and other drugs
- Community norms and laws favorable to misuse

Protective Factors

Family

- Seeks prenatal care
- Develops close bonding with child
- Values and encourages education
- Manages stress well
- Spends quality time with children
- Uses a high warmth/low criticism parenting style (rather than authoritarian or permissive)
- Is nurturing and protective
- Has clear expectations
- Encourages supportive relationships with caring adults beyond the immediate family
- Shares family responsibilities

School

- Expresses high expectations
- Encourages goal setting and mastery
- Staff views itself as nurturing caretakers
- Encourages prosocial development (altruism, cooperation)
- Provides leadership and decisionmaking opportunities
- Fosters active involvement of students
- Trains teachers in social development and cooperative learning
- Involves parents
- Provides alcohol/drug-free alternative activities

Peers

- Involved in drug-free activities
- Respect authority
- Bonded to conventional groups
- Appreciate the unique talent that each person brings to the group

Community

- Norms and public policies support nonuse among youth
- Provides access to resources (housing, health care, child care, job training, employment, and recreation)
- Provides supportive networks and social bonds
- Involves youth in community service

Excerpt from *Together We Can Reduce the Risks of Alcohol and Drug Use Among Youth* © 1990 Gibbs and Bennett Interactive Learning Systems (415) 331-4073. Do not reprint without written permission.

In developing a comprehensive communitywide approach, prevention agencies need to determine the risk and protective factors that operate within the various social and economic systems surrounding the youth population.

"But," you say, "how can we do all that within the many systems that affect the behavior of the people we want to help?" First, the organization should call together representatives from families, schools, businesses, the community, and youth groups for assessment and collaborative planning. These individuals can help identify risk and protective factors inherent in each system and help develop coordinated strategies that various groups and agencies can implement. Participants can work on program development and evaluation and ultimately educate key community groups on state-of-the-art prevention, with success as the goal.

This comprehensive approach to planning and implementing multiple prevention strategies transfers the responsibility and action to the community as a whole. No single agency could be responsible for everything. Usually one or two organizations (such as your own) take the lead in the beginning, but soon others join in.

COALITIONS AND NETWORKS—DEFINITIONS

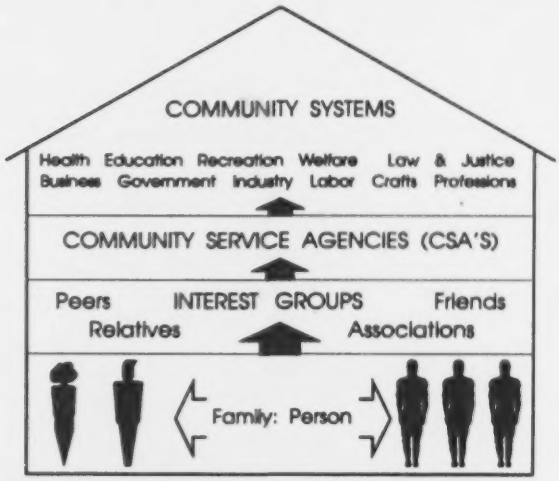
A collaborative network is a bit different from a coalition. It is an association of many local systems working together.

> A network is a set of elements related to one another through multiple interconnections. The metaphor of the net suggests a special kind of interconnectedness, one dependent on nodes in which several connecting strands meet. There is the suggestion both of each element being connected to every other and of elements connecting through one another rather than to each other through a center (Schon 1971).

Networks usually represent many systems within a geographical area and are made up of diverse types of groups, agencies, or organizations. Figure 3 illustrates the levels of a typical local community network, connecting individuals to the mediating structures found in each community. The mediating groups of peers and friends, neighborhood associations, parent clubs, interest groups, and the like, connect to community service agencies and larger government resource agencies. By identifying networks, you can find other organizations to assume responsibility for prevention strategies that your own agency may not be able to or may choose not to take on alone. Mapping a community network will be discussed later in this manual.

Various groups within a network can and will have different purposes and goals. For example, one main focus of a church is religion, but it may also be concerned about drug use. A preschool focuses on day care, but is also concerned about the antisocial behaviors of young children that are affected by drug use in their homes. A large health department addresses a wide range of health issues within the community, but it also serves as an important resource for information and educational materials. Despite diverse goals, members of a network will have one thing in common: the wish to prevent drug use among youth. Like a large net, just one tug on a node or by a member organization will affect the entire network. However, a network can be an invaluable resource to all member organizations.

Figure 3. Framework for viewing the world of community networks



Unlike a network, a coalition comprises similar agencies and organizations, all serving youth. Specific goals may vary, but all are concerned with healthy youth development and AOD prevention among youth. All of the member organizations have expertise in working with youths, but because youth populations differ, they have much to learn from each other.

A coalition is a formal association of predominantly private, not-for-profit organizations in which public agencies also may participate. It can function as a learning community—an alliance that strengthens each member through a flow of information, support, leverage, and credibility throughout the total membership. A coalition is a social and political reality that, with its large membership, can accomplish what no individual members can do alone. It is a collaborative, cooperative system that can bring great resources, assistance, and recognition to its target population—the youth of America.

THE POWER OF YOUTH INVOLVEMENT

There is a saying among some prevention practitioners: "If we consider youth to be part of the problem, youth must be part of the answer." In reality, most young people in the United States are not dependent on alcohol or other drugs. A large proportion have used or experimented with alcohol and other drugs, yet most do not engage in this behavior.

There are many young people in each community who are ready to assume leadership, to help their peers, and to take action to end the epidemic of self-destructive behaviors. These young people are the greatest resource that youth organizations have. Recent studies verify that primary prevention programs are much more effective when young people participate in them. By serving as role models to their peers, young people are very effective, particularly with youth who are at high risk for AOD use. When young people have opportunities to fill meaningful roles, they are more likely to become valued members of society. The involvement of young people in all of the systems that may affect their lives is essential not only to their individual development but also to their ability to become responsible members of society.

Adult leaders should provide an accepting and challenging environment that guides and facilitates the leadership skills of young people to help them develop a sense of control. Adults must not assume that they know what is best for youth, thus excluding them from planning and implementation.

Prevention can mobilize "people power," which means mobilizing "youth power." The world of tomorrow will be in the hands of the adolescents of today, and they want that world to be a healthy one.

Chapter 2:
Program Approaches

Becoming a healthy contributing community member is no easy job. No matter whether a child is growing up in Barrow, Alaska; New York City, or Topeka, Kansas, a great many factors can thwart healthy growth and development. Whenever alcohol and other drugs are introduced, serious problems occur. Society presents complex choices throughout a child's developmental life. A young person's ability to make healthy decisions often depends on other people's influences. Early in life, key relationships are built in the family and other social systems that can support developing a healthy life, free of AOD problems. Youth organizations and programs can provide additional support and stability for young people beyond their families.

This section of the youth collaboration manual can help organizations to develop or enhance their program design by presenting numerous factors that might be taken into account. It summarizes a state-of-the-art, comprehensive approach to program design and includes (1) developmental stages, (2) the role of environmental settings, (3) research findings on protective factors and risk factors, and (4) program strategies.

DEVELOPMENTAL STAGES

From birth to approximately age 22, a person passes through the most sweeping, broad, and dramatic changes he or she is ever to experience. These years lay the groundwork for adult life. This truly formative period presents an opportunity for youth-serving organizations and for people who want to prevent alcohol and other drug (AOD) use to help children become fully functioning adults, capable of living healthy lives.

In psychological terms, children pass through a series of developmental stages. Implicit in the concept of developmental stages is the idea that there is a typical pattern of growth. However, there is no right or universal way to pass through the developmental changes. Each child's pattern of growth is unique to the child's environment. All stages are shaped in important ways by powerful socioeconomic and other cultural influences.

To design appropriate prevention programs, you must understand several types of growth: physical, emotional, cognitive, and social. These interrelate; each is part of the overall growth process.

Within each developmental stage, children face key developmental tasks and developmental crises. Each stage acts as a foundation for the next, so that functioning within any particular stage is partly determined by the extent to which tasks have been completed and crises resolved in previous stages. Each stage of development is important in its own right, and each leaves a unique imprint on the person's life. Transitions from

one developmental stage to another often are times of challenge and stress. Continued growth, delayed growth, or dysfunction are always potential outcomes.

STAGE ONE: INFANCY (BIRTH TO AGE 1 YEAR)

Human infants are entirely dependent for food, warmth, health, and survival on the environment into which they are born. Traditionally, the mother is the center of that environment. At first, infants are so dependent that there is no differentiation between self and mother. Infants' developmental tasks are to "attach" and to have a sense of continued survival. Sensory and motor activities are the main objects of thought, but there is also curiosity about "mother" and "other"—everything that is not mother. If infants' needs are met, they are able to trust the environment. If their needs are frustrated or not met dependably, they will mistrust the environment. This development crisis of basic trust or mistrust and the way it is resolved establish infants' basic attitude toward life, forming a strength (trust) or weakness (mistrust) that they carry into the next stage of development.

The typical developmental environment of infants has changed over the years. Sixty percent of mothers of children under a year old now work outside the home at least part time. For the majority of infants, developmental stage one takes place in the presence of a caregiver—at home, at an infant care facility, or at a day care center. Many of the fathers of these children assume more active parenting roles than fathers of previous generations. For most of these infants, mother is still the primary figure of attachment and care, but father and supplemental caregivers also influence the child's development.

STAGE TWO: BABYHOOD AND TODDLERHOOD (AGES 1 TO 3 YEARS)

The first stage of development is centered on the body, and the second stage is centered on the self. Babies' overriding developmental tasks during these 2 years are to emerge from the fusion with the mother and to establish a separate sense of self. Typically, this stage is a crisis to the family. Babies hold their new sense of autonomy against the outside authority (mother, father, or caregiver) and whether the baby resolves this developmental crisis of authority with strength, decisiveness, and independence or with shame and doubt depends mostly on how the mother, father, and caregiver respond to the baby's willfulness. The more the baby trusts that authority, the more he or she will be free to interact with and test it. The challenge to the parent is to represent "the way things are" as objectively, consistently, and clearly as possible so that the message to the baby is "It's okay to assert your will, but there are limitations and structures that must be obeyed." This type of support allows babies to develop a healthy relationship to authority, yet maintain their newly established sense of self. The sense of "me" and "I" is a triumph, representing the psychological birth of the person. The nature of thought is preoperational, egocentric, magical, fanciful, semiological, and rigid.

STAGE THREE: YOUNG CHILDHOOD (AGES 3 TO 6 YEARS)

Young childhood represents a transition from the primary matrix of the family world into the outer world of nursery school, primary school, and neighborhood. The predominant orientation, however, is to the parent. The developmental tasks are to learn about and to test the environment. The child uses play to learn about and to test what is real.

The child asks endless questions: "What for?" "How?" "Why?" Strong-willed, trustful children take the initiative in interacting with others. Outgoing behavior no longer conflicts with authority but is now goal-centered, resulting in a sense of purpose if the developmental crisis of initiation was resolved successfully. If it was not, the child emerges feeling guilty and afraid to take initiative, saying in effect: "I cannot make the social environment work for me—something must be wrong with me."

The highest goal at the beginning of this stage is to "get my own way," progressing to "do what I am told" by the end of the stage.

STAGE FOUR: LATE CHILDHOOD OR PREADOLESCENCE (AGES 7 TO 12 YEARS)

The developmental task facing the child in preadolescence is to develop skills necessary to feel competent physically, mentally, and socially. These skills include interpersonal and group relationship skills and the concrete operational mental skills of classifying, ordering, reversing, and self-evaluation. The child begins to think rationally, becoming aware of a self with an image and skills to be evaluated. The evaluation of self is dogmatic, black or white, good or bad, and made according to rules, standards, stereotypes, and expectations. The highest goal ranges from the ethics of fairness to interpersonal conformity. The credo of this stage is "What I can do is who I am."

The developmental crisis to be resolved is the issue of competence or inadequacy, creating a sense of self-worth. Because the child must find activities and arenas that promise some measure of competence, this is the stage of sampling, discovering, and developing minimal skills in one area and then moving on to another. The child is not necessarily interested in commitment, loyalty, or devotion. The value of this stage is competence, not fidelity (which will occur during adolescence). The child must be able to say, "I can if I want to," to have a solid base from which to launch into adolescence.

STAGE FIVE: ADOLESCENCE AND EARLY ADULTHOOD (AGES 13 TO 22 YEARS)

Adolescence is not merely a new stage of childhood but a transitory stage encompassing both childhood and adulthood. It is the period of reaching maturity by completing several developmental tasks: the physical tasks of growth into puberty; the mental tasks of formal operational thinking (problem solving, decisionmaking, abstraction, hypothesis formation, and synthesizing and integration); and the social tasks of establishing peer group membership and initial intimacy.

The developmental crisis enables the child to complete the processes of separation and individuation so as to ultimately leave home and create an authentic life based on a new, integrated identity. This remarkable creation is aided by a process called recapitulation, in which the floodgates of childhood conflict open again to give the adolescent a second chance to resolve the emotional issues of dependency, authority, initiative, and competence. Their newly matured capacities provide adolescents with the tools to decide and to reshape themselves. This process of reevaluation and integration takes place in two stages—early adolescence (ages 13 to 18 years) and late adolescence to early adulthood (ages 18 to 22 years).

Early Adolescence (Ages 13 to 18 Years). The developmental task of this tumultuous period is physical, mental, and social maturation. It is as if the child has suddenly acquired a new body, new mind, and new social world, all producing undeniable new emotions. The old world of childhood that was focused around the parents is left behind. The most intense need developmentally becomes the urgency of supplementing the family matrix with an important new matrix—the peer group. The resolution is either a sense of belonging to an environment where the new self can be developed or a sense of social isolation.

This crisis is marked by rebellion. As toddlers begin physical separation from mother, young adolescents begin emotional and social separation from the authority-determined world to the multiplicity of other worlds in which they can form a new self. However, this results in identity formation. Rebellion, preferably in the context of love and understanding between parent and teen, is an integral dynamic in the process of creating a self.

Late Adolescence to Early Adulthood (Ages 18 to 22 Years). No developmental tasks are more exhilarating and creative than those of early adulthood. The primary tasks are establishing independent living, making initial career decisions, internalizing morality, and establishing a first sustained, intimate relationship. These accomplishments are the foundation of hope and health. Conversely, nothing is sadder for the individual or for society than failure at these tasks. Delayed growth represents at least a temporary loss of the unique contributions that each individual can make.

Certainly this stage is not the last. Future points of recapitulation occur throughout the lifespan; midlife is one such point. Without a doubt, however, the risks are increased and new attempts at resolution may not be successful.

A MODEL FOR GROWTH AND DEVELOPMENT

Healthy development (or the lack of it) does not reside wholly in the individual. One's health also stems from the multiple systems or environmental settings in which each person participates, in the interaction among people and systems, and among systems themselves. Different systems assume importance during different life stages.

PERSONAL SETTINGS

- *Home, school, work, and play.* How do these environments reshape and challenge the behavior of youth?
- *Peer group.* Is it accessible? costly? open to people of all races and classes? What is the degree of competition and achievement of the members? Who provides leadership, discipline, and inspiration, both academically and socially?
- *School.* Does it encourage drug-free extracurricular activities through its policies and practices?
- *Family.* Does it encourage and support the emotional development and economic well-being of its young members? Do siblings and parents value the aversion of a young person to drugs, or do they feel threatened and attempt to

undermine the youth? Does the family provide the child with basic discipline (limit setting, monitoring, consequences) needed for self-management?

INTERACTIONS OF PERSONAL SETTINGS

- *School with peer group.* Does the school give legitimacy to peer groups of all social and academic standing? Are there opportunities for underachievers in one area to become achievers in another constructive context?

- *Family with peer group.* Does the family have direct contact with members of the peer group? Are relationships with them developed?

- *Peer group, school, family.* Do they interact to support the child? Do they support and respect one another as legitimate arenas for growth? Is each group aware of the extraordinary needs of the others?

INTERACTIONS OF LARGER ORGANIZATIONS

- *Athletic, fraternal, and service institutions.* Do regional, State, and national systems effectively promote drug-free events? Is the ethics framework in each of these interlocking systems elitist or egalitarian? What is our national attitude toward achievement? failure? social responsibility?

- *Mass media.* How are youth portrayed? How does this image relate to national values, images, and stereotypes (including racial, ethnic, and class)? How are those images related to risk-taking behaviors, such as the use of alcohol and other drugs and driving while under the influence?

- *Governance.* What are the politics of large youth organizations? How do national and international policies relate to the behavior and standards of growth at the local level?

CULTURE (DOMINANT AND SUBORDINATE)

- *Ideals.* Does the culture value youth? Does it have a competitive ethic? Does it acknowledge and value the physical dimensions of life? Does it see itself as a member of the world community of cultures or is it fearful of outsiders?

- *Norms.* Does this culture or community have clearly articulated ideas of good, bad, healthy, unhealthy, productive, and unproductive behavior for youth? Do the institutions communicate, support, and reward healthy behaviors? Are there groups that are expected to be deficient or superior in certain skills?

- *Power, influence, and leadership.* How is power held? Is the culture authoritarian? egalitarian? traditional? Who is expected to take the initiative and how? How are sexual and racial roles related to power? Are youth empowered?

- *Socioeconomic status.* What economic resources are available to support developmental tasks? Is striving for a higher socioeconomic status rewarded or frustrated? Is the future promising or hopeless?

We often think of growth and development as occurring only within the individual, but these factors are exceedingly more complex, like a dance between individual and environmental forces. We must address, through programs and strategies, each of the influences within and around the child. Too much is known about these forces to place all responsibility for healthy development on the individual.

THEORY AND RESEARCH

After 20 years of disappointing results, we have learned that prevention programs must be based on solid social science theory and research. Research on risk factors and protective factors offers promising information. These fields represent very different but essential perspectives. Risk factor research stems from a problem perspective: by studying youth and adults with identified problems, researchers have discovered the multiple causes (etiology) of problem behavior. From a large body of research, Drs. David Hawkins and Richard Catalano (Hawkins et al. 1985) of the University of Washington concluded that those most likely to abuse alcohol or other drugs lack the basic bonding to family, school, and peers to be socialized positively. One's ability to bond depends on one's ability to become successfully involved in these institutions and to receive the rewards that reinforce healthy attitudes and behaviors. Therefore, prevention practitioners should increase opportunities for positive involvement.

Protective factor research studies those who are at risk but have not developed disease or dysfunction (Werner 1982). Researchers identify children who are "invulnerable," "stress resistant," or "resilient" to discover those traits that are responsible for these qualities. These children are able to protect themselves from the usual effects of dysfunctional families and environments through a number of important personality, family, and environmental factors (Gibbs 1986).

Personality

- Sociability.
- Cuddly, warm nature.
- Easygoing, compliant attitude.
- Cheerful, positive temperament.
- Independence.
- Easy-going temperament.
- Flexibility, adaptability.
- Persistence.
- High tolerance for frustration.
- Ability to bounce back.
- Skill in planning.

- Emotional distance from disturbed parent.
- Industriousness.
- Problem-solving skills.

Family

- Secure, warm relationship with mother in the first year of life.
- Lots of attention during first year.
- Crucial parent or substitute parent who gives consistent emotional support.
- Parent or mentor who instills possibility to achieve.
- Special talents and interests supported by family or surrogate.
- Consistent structure and rules.

Environment

- Positive school climate.
- Opportunities for participation and responsibility.
- Sense of succeeding at a meaningful task.
- Positive experience at school.
- Supportive adults.

These children (including children of alcoholics) are able—through innate characteristics, living skills, and appropriate environments—to draw to themselves the support, attention, and reinforcement necessary for bonding. They excel at some endeavor, which gives them a sense of competence and self-esteem. They are able to draw from their environment whatever is positive and promotes health. It is not coincidental that resilient children often do not become the targets of disturbed parents. The protective-factors researchers agree that a sense of belonging or "bonding" is most fundamental.

PROGRAM STRATEGIES

Young people need resources and support to address successfully the developmental tasks and crises of each stage and to advance from one stage to the next. The multiple environments in which their development occurs may or may not provide the necessary resources and support. However, prevention programs and youth-serving organizations have a great deal to offer at each step along the developmental path. These programs and organizations can aid individual growth; ensure that social environments provide the necessary resources for health and growth; positively affect the interactions among personal systems; and modify the institutions within our larger social environment. Researchers and theorists now know that effective prevention programs must be

comprehensive, addressing multiple systems and using multiple strategies; intensive, beginning early and continuing throughout life; and collaborative.

Prevention experts work with families, schools, communities, and organizations through seven primary program strategies:

- Giving information.
- Building life skills.
- Training influential people.
- Providing healthy alternatives.
- Providing early intervention.
- Influencing public policy.
- Creating environmental protection.

These activities should be linked at the local, county, State, and national levels through a variety of coalitions and collaborative efforts. These strategies by themselves will have little effect on the behavior of young people, but together these approaches provide the resources young people need to perform developmental tasks. The previous section examined the theory and research supporting each of these strategies, further describe the strategies, and highlight errors of previous programs. The following section will discuss the importance of gathering and exchanging information in designing successful programs.

GIVING INFORMATION

Some of the oldest prevention programs focus on providing information. In the 1960s and early 1970s, this approach earned a poor reputation, because it was not sufficient to prevent AOD use and in some instances actually increased use, especially when the approach was coupled with scare tactics and authoritarianism. These programs are based on the theory that problem behavior is caused by a lack of information. The social development model shows that changes in knowledge and attitude are insufficient to change behavior; other factors, including social skills, are also needed. In the 1980s, providing information became recognized as a legitimate strategy only when used with a focused set of activities designed to increase knowledge, change attitudes, and improve skills.

The way in which information is delivered is as important as the information itself. If information is distorted, exaggerated, manipulative, intimidating, or inappropriate in terms of ethnicity, learning style, or developmental capabilities, it will not promote health. Table 2 lists examples of effective and noneffective ways to deliver information.

BUILDING LIFE SKILLS

Building life skills, a second prevention strategy, rests on a growing body of research consistent with developmental theory. Life skills are psychological and social areas of

Table 2. Effective and noneffective ways to deliver information

Age and grade	*Don't*	*Do*
Preschool-3rd grade	Expect these children to understand cause and effect relationships.	Focus on health promotion information that develops and helps internalize the desire to be healthy.
4th-5th grade	Expect abstract reasoning, experimentation with self-image, or primary orientation to peer group.	Give information that is very concrete and amenable to classifying, ordering, and reversing.
		Regulate information to rules, standards, stereotypes, and exploration.
		Focus on information that enhances skill mastery.
6th-10th grade	Demand strict conformity.	Focus information on risk-taking behaviors and range of influences on behavior.
	Expect orientation to adult world of authority.	
	Lecture or threaten.	Focus on short-term efforts.
		Expect resistance to and questioning of information.
		Use peers to help deliver information.
		Give information that empowers youth, such as the names of community treatment resources.
4th grade to adulthood	Expect people to depend on experts for information.	Present self as a resource, encourage everyone to assume leadership and empowerment.
	Focus solely on information at the expense of skill development.	Use power of information as basis for discussion, interaction, and skill practice.

competence. This is one of the most flexible strategies: some or all of these skills can be taught formally or informally in any setting to any population. With this strategy modeling is a very effective and powerful teaching method.

COMMUNICATION

Communication makes the social bonding necessary for survival possible. Both the verbal and nonverbal capacity bond the fortunate infant and mother in that first year of intense attention. Listening, speaking, nonverbal clueing and reinforcement, conflict management, and social skills are the usual content of communication-based strategies. These skills make success in the social, interpersonal world possible, and they can be taught effectively.

PROBLEM SOLVING, CRITICAL THINKING, AND DECISIONMAKING

Each of these skills helps develop a sense of efficiency for young people. Programs that develop and enhance these skills strengthen young people's resistance throughout adolescence (Garmezy et al. 1983). Training for these skills should be implemented in conjunction with other developmental skills to provide a well-rounded, healthy child.

GENERAL ASSERTIVENESS

The ability to refuse an offer from a peer can be difficult to develop for young people. Assertiveness is a crucial skill. Young people need to value and express their own point of view, apart from those of their peers (Resnick et al. 1981).

RESISTANCE SKILLS

The resistance skills approach is one of the most promising in the field (Hawkins et al. 1985). Resistance-skills researchers have carefully enumerated the subskills needed to be motivated and to be able to refuse social pressure to engage in problem behaviors. Some of these subskills are as follows:

- Recognizing pressures and influences from self, family, peers, community, and media.
- Meeting these influences with counterarguments by
  - — having accurate information,
  - — learning positive ways to say no,
  - — practicing ways to say no (cooperative rehearsal), and
  - — learning to counteract internal influences (motivation and attitude).
- Deciding to refuse by either verbalizing the commitment or signing a behavioral contract.

Research findings indicate that this focus on refusal skills is well founded. Further research may find that peer selection (choosing peers who use or do not use) is more important than peer pressure.

TRAINING INFLUENTIAL PEOPLE

Training the people who influence a young person is key to developing a comprehensive approach.

PARENTS

The grassroots parents movement began in the 1970s and continues today. Parents proclaimed that they needed, wanted, and were able to be involved in the solution to drug use. They began to provide the all-important link among family, school, agencies, community, and government that prevention practitioners were beginning to recognize as necessary to a comprehensive approach.

Some parents took the lead by teaching in schools; others collaborated with professionals to implement task forces on community problems. Many learned current prevention skills to support their primary parental roles of transmitting values and attitudes to their children and encouraging them to develop the critical abilities to prevent problem behaviors.

Research findings found these roles for parents to be effective. With training and support, parents can significantly reduce the use of alcohol and other drugs by youth.

PEERS

There are many peer support groups, peer educators, and peer counselors. Peer participation can also be an important element of prevention programs. The peer group is important throughout childhood and grows in significance as a young person reaches adolescence.

TRAINING

Teens and adults, professionals and volunteers, community activists and government administrators, school teachers, and youth organization staffs—all can be influential role models for whom training is vital.

Two main questions regarding training must be addressed: Who should be trained and what should the training include? For prevention programs, it is important that effective role models lead alcohol- and drug-free lives, exhibit honesty and supportiveness, and demonstrate a belief in the potential of all young people to succeed at their goals.

All of us who work with youth need to think of ourselves as role models. The use of modeling is an important prevention strategy, as are the use of curriculums, scouting trips, or teaching specific health-related skills.

Members of youth-serving organizations should be trained to help young people achieve trust, initiative, skill mastery, belonging, and identity. Two training strategies—designing processes to enhance development and exemplify healthy development—are important. The trainer must understand how groups function to be able to

- manage the group in a way that creates a sense of safety and belonging;
- demonstrate the healthy, mature group interaction skills all people need; and
- empower individuals and the group to take responsibility for their well-being in general and to address peer norms in particular.

PROVIDING HEALTHY ALTERNATIVES

It is important to give young people a positive alternative that serves the same function as unhealthy behaviors. Whether it is an organized neighborhood club for children after school, a religious affiliated group, or a recreational facility, there has to be a place with caring adults to lead children in healthy activities. Hawkins et al. (1985) observe that "according to problem behavior theory, substance use and other problem behaviors serve important psychosocial developmental functions that mark an adolescent's transition to adulthood: commonality with peers, opposition to the norms and values of larger society, coping with feelings of inadequacy and stress, having fun and rite-of-passage."

Providing alternatives can be particularly effective for youngsters who are at high risk for AOD use. The following alternatives (even if school based) are usually available to the young person:

- Supportive, caring adults who offer the possibility of attachment and a new role model.
- Valued activities that may otherwise be economically or culturally impossible.
- An unexplored area of skill, talent, or interest.
- A haven for the abused, neglected, or rejected child.
- A peer setting where needs for socialization can be met.

Engaging without stigmatizing the youngster who is at high risk for AOD use can be challenging. Programs that do not specifically address such youth, but train their personnel to recognize and support these children, have much promise. Research supports mixing at-risk and average youth naturally, because antisocial youths can learn skills from their socially adjusted peers. Skilled, trained adults must intentionally manage these environments and facilitate interpersonal dynamics.

PROVIDING EARLY INTERVENTION

This strategy links prevention and treatment. It attempts to identify youth at high risk or already in trouble and effectively links them to the most appropriate service or intervention. This is the "nip it in the bud" approach. It is difficult to identify youths in danger of developing problems. A lack of community consensus about norms, practices, and policies complicates the task. Few communities, and probably few families, have clearly defined where normal behavior ends and abnormal, unacceptable behavior begins. Without clear guidelines, early intervention is problematic. Some youths will be identified erroneously as being at high risk, while others will proceed beyond the early

problem stage before interventions are begun. Whatever the challenges of identifying youth who are at high risk, the program models are many and varied.

PROGRAM MODELS

STUDENT ASSISTANCE PROGRAMS

Based on the employee assistance model, these programs use professional counselors in the schools. Although there are many adaptations, the usual program components are a referral process; an assessment and continual monitoring; in-house services such as family counseling, support groups, or group counseling; and, if necessary, outside referrals to youth-serving agencies.

PEER COUNSELING PROGRAMS

Peer counseling programs tap into the natural networks of helpers. These helpers are selected, trained, and encouraged to reach out to and assist their peers. They listen, solve problems, give information about community resources, and make referrals. Once involved, these young people often develop prevention awareness and education programs, including no-use chapters of Students Against Driving Drunk (SADD) and other groups. The team of peer counselors must be diverse and demonstrate maturity, empathy, and inner discipline.

NEIGHBORHOOD-BASED EARLY INTERVENTION

A demonstration project based in San Francisco, California, called the Youth Environment Study, counsels youth in selected neighborhoods by developing trusting relationships and encouraging young people to share their problems. The program was based on the belief that youth can be helped only if the cultural meanings of their drug use are understood. The project found that these meanings vary greatly among neighborhoods. Activities and services emerge as specific problems are identified and can include job-hunting assistance, negotiating with bureaucracies, or arranging to visit a friend in jail.

Other early intervention programs include education on the hazards of drinking, curriculums for incarcerated young people, programs for teens and parents on family communication and management issues, community and neighborhood-based alternative activities, and family therapy.

Regardless of the model used, there are basic rules to follow in developing early intervention programs:

- Tailor the intervention. Each youth is different and no single intervention will work for all.
- Do not assume that a youth is an alcoholic or dependent on other drugs.
- Begin with lower level, less intrusive interventions.
- Do not assume that a youth's AOD problems are his or her only problems.

- Establish clear and consistent roles, responsibilities, and policies.
- Develop trust and credibility through positive rather than punitive acts.

Early intervention programs enforce the message to young people that adults do notice their problems and do care enough to intervene. Each system is responsible for establishing a way to prevent youth from being neglected. The more comprehensive the linkage among systems, the more caring and effective the society becomes.

INFLUENCING PUBLIC POLICY

Social policy comprises rules, laws, and restrictions that set limits for acceptable and unacceptable behavior. For instance, debate on community standards might include questions about which, if any, drugs are acceptable; whether rules governing drug use have been set and how those rules have been communicated; and how members of the community can be held accountable.

An additional question can also be posed: Has our community established a means for treating those who need help? The goal of this debate, which can take place on county, State, and national levels, is to define the line between what is acceptable and what is not acceptable. This line acts as a protective factor because

- most people will not cross the line simply because it exists;
- it is easier to see who has crossed the line and provide early intervention before serious problems develop; and
- it is easier to bring persons back over the line—rehabilitate them—if they know where the line is.

The public debates about alcohol-impaired driving and smoking in public places are two success stories of social policy approaches to prevention. In both cases, the social debate changed social awareness and norms and new legal sanctions were developed.

CREATING ENVIRONMENTAL PROTECTION

THE LARGER LEVEL

The prevention strategies described thus far focus on the settings in which young people live and grow—the peer group, the family, the school, and the neighborhood and community. These strategies attempt to affect either individual development (of knowledge, attitudes, or behavior) or systems development to make each setting a more positive, protective environment.

The larger system is one of those settings. Unless we address the influences of media, national and State policy, economics, and culture, these systems will undermine our endeavors at the local level. These larger environmental factors are harder to change because they often seem distant and impersonal, yet they form the context in which we all live. We set an impossible task for ourselves to try to be healthy if the overall environment is dysfunctional.

THE COMMUNITY

How does one begin to change these forces that seem so distant from our ordinary arenas of life? At what point do these multiple forces converge? The community—whether defined as neighborhood, city, or county—is the place where ordinary people make their voices heard and where multiple forces converge. They speak to one another and communicate with local institutional systems. Our challenge at this level is to encourage and support these voices as they address community youth issues and to help them deliver their message to the larger environment.

What are some typical environmental issues that communities are motivated to address?

- Community AOD use norms and practices, including drinking and driving.
- Local and regional pro-use messages on billboards, radio, and television, and in movies and the print media.
- The availability of alcohol and other drugs.
- The location of alcohol outlets.
- The training of those selling or serving alcohol.
- Improper business practices relating to the sale of drugs.
- The enforcement or lack of enforcement of relevant laws, ordinances, and curfews.
- School policies and practices regarding prevention education, consequences for AOD use, and school climate.
- The allocation of resources (dollars, materials, and personnel) to address community youth problems.
- The development of alternative activities for youth.

Action on these issues at the local level affect our larger environment. State and national organizations, for example, are often made up of local chapters. County governments are linked to State and national governments. Individual churches are linked to national and sometimes international bodies. Many local television stations are affiliates of networks. In fact, it is almost impossible to be active and influential on the local level without having an impact on the broader environment. Prevention workers must remind the community of the axiom, "The individual makes a difference," particularly when he or she is a member of an interest group. How, then, do we create community interest groups for healthy youth?

INVOLVEMENT AND COMMITMENT

The most common error that professionals make in their eagerness to establish community prevention programs is to plan without community involvement. Community members can and must be involved in a wide range of tasks. They can identify key people, assess community problems, collect information, analyze problems, identify existing strategies and programs, and develop action plans. Only involved and

empowered individuals will make the long-term commitment necessary to accomplish the goals of social and environmental change. Prevention professionals must be able to do the following:

- Listen, respond with empathy, and incorporate what is heard into the plan.
- Collaborate and share power and responsibility.
- Consult by giving technical assistance.
- Advocate state-of-the-art methods.
- Educate and train the community.
- Tolerate creative chaos and guide it toward a useful goal.

These abilities are important in any community, but even more so in economically and ethnically diverse communities. The professional needs to be the sensitive link among diverse neighborhoods to facilitate and validate diverse perceptions. Each subcommunity must feel that its needs will be met through collaboration.

All of this is very challenging. The resources we bring to support healthy development must be as comprehensive and as multileveled as are the factors that contribute to the problems we want to solve.

CONCLUSION

The strategies presented in this chapter represent an exciting breakthrough for the field of prevention. They represent the conceptual leap in prevention practice from separate niches of activity to a fully integrated, environmental model.

This model reflects the notion that health is environmentally based. It is the obligation of the society to create safe homes in the social systems in which our children and youth participate. It is our obligation, and our challenge, to do the same. In youth-serving organizations, we have already accepted and worked to meet this challenge. With a broad base of knowledge—of the stages of development, systems, theory of behavior change, and program models—and with love and caring in our hearts, we will create a better world for our young people, our Nation's future.

Chapter 3:
Finding Out What Is Needed

Let us say that you and several youth organizations in your community have formed a coalition to address the local need for comprehensive prevention programs. How do you figure out what types of programs you should develop? How do you get a clear, complete idea of the programs and services for youth that already exist in the community? How do you get a sense of what else youth really need? One way to answer these questions is to conduct a needs assessment.

Conducting a needs assessment is usually the first step in the process of comprehensive program planning. A needs assessment can be formal or informal. Any time an individual or a group recognizes that a particular need exists within a population and decides that that need should be met by a particular set of activities, some kind of needs assessment has occurred.

When a more formal needs assessment is conducted, an individual or group decides what kind of information would be helpful, develops a plan to obtain it, systematically collects it, thoughtfully analyzes it, and then incorporates it into program planning.

A needs assessment can ensure that information will be broad, systematic, and relatively objective. Without a needs assessment, programming may be based simply on the perceptions of a few staff members, a few community people, or the most vocal local groups. If data are collected from a variety of sources, a needs assessment can help determine the extent or severity of different needs, prioritize these needs, and decide what programs, approaches, or activities may best meet the needs identified. A needs assessment can be planned and carried out by an individual, an agency or organization, or a community planning group. A good needs assessment can be a tool to promote collaboration, cooperation, participation, coalition building, and support.

WHEN SHOULD A NEEDS ASSESSMENT BE CONDUCTED?

The timing of the needs assessment process is important if the results are to be used effectively in, for example, obtaining financial support or planning a major modification in programming or services.

Assessment of need is an important element in the ongoing cycle of program development. Community characteristics change, as do programs, agencies, and even the nature of the problem. Needs must be reassessed periodically.

HOW ARE NEEDS ASSESSED?

Needs are assessed by first defining a scope for the needs assessment. These are some items to consider:

- What geographic area will the assessment cover? Will it be confined to your neighborhood, your city, or your county?
- What population will be targeted? Will the population be young persons aged 22 or younger? Will it focus on teens? Will it be geared to a specific subpopulation, such as minority youth, handicapped youth, or youth who are at high risk for developing AOD problems, or will it encompass all youth within a certain geographic area and age range?
- What will be the programmatic focus of the needs assessment? Will it be designed to identify the need for specific types of assistance, such as early intervention programs or treatment and recovery programs?

Once the scope of the needs assessment is defined, planners decide which information-gathering technique or techniques they will use. A general rule based on research is that more than one method of data collection should be used whenever possible. Then you will have information from several perspectives that will increase confidence in your final conclusions.

The following information-gathering techniques are the most common and may be adopted singly or in combination. (See *A Needs Assessment Workbook for Prevention Planning*, NIDA, 1981, for a complete discussion of these techniques.)

COMMUNITY SURVEYS

A survey instrument such as a questionnaire is developed, and a representative sample of people in the community is asked to complete it. This is a time-tested technique; however, needs assessment planners should take several precautions:

- A survey should be pretested by a representative portion of the community. This process will help to identify errors or omissions that may influence the results and will ensure that important questions are included and communicated in a clear, precise manner.
- The rate of return on distributed and mailed community surveys usually is low, which reduces the representation of the whole population. One possible solution is to use door-to-door survey takers. Doing so may be expensive with paid workers, however, because survey takers must be trained.
- A tremendous amount of data can be generated by a community survey. Unless the survey is highly focused, the group implementing the needs assessment should be prepared to deal with a voluminous amount of information.

KEY INFORMANT SURVEYS

Key informant surveys are usually more manageable than community surveys. Key people are selected to represent important constituencies, which are groups of people

with an investment in having the problem resolved. With this method, you can mail the questionnaire, conduct interviews individually (in person or by telephone), or interview people in groups. A key informant survey will reflect the biases of those who participate; therefore, it is important to choose respondents carefully and especially to include young people.

COMMUNITY WORKSHOPS

A representative group of interested parties can be brought together, either for a 1-day workshop or for a series of sessions, to define and discuss needs. Such a workshop has the advantage of being limited in time and relatively manageable, but it must be designed carefully and led by skilled facilitators. Large groups of people must be divided into small groups so that everyone's thoughts and ideas can be expressed. A workshop can strengthen the need for the community's participation in successful prevention programming. It is crucial to have broad representation at a workshop, because the needs identified depend largely on the characteristics and backgrounds of the participants. Again, youth should be involved.

SURVEYS OF SERVICE PROVIDERS

Not only can service providers be included in key informant surveys, but they can also be asked to contribute data. The cost of collecting data on services provided to the community is fairly low, depending on the recordkeeping and information management systems in place. These data can indicate the demand for different kinds of services, characterize users of these services, and list the services that are and are not provided. By asking for these data, you also involve service providers in the comprehensive community prevention planning process.

INFERENTIAL INDICATORS

The use of inferential indicators in the needs assessment process entails examining data about variables that have been linked to drug use or abuse. The data can imply that a particular condition exists. A needs assessment using inferential indicators can often be cost-effective because the information obtained has been previously collected by another organization or agency. Sources of this kind of data include the criminal justice system, the health care system, the school system, and larger data collection agencies, such as the Bureau of Census and the Bureau of Labor Statistics. Inferential indicators relevant to prevention programming can be divided into several categories:

- *Drug-use indicators*. Incidence (number of new cases) and prevalence (total number of cases) of use and abuse, type of drug used, demographics of users, number of drug arrests, and number of persons in treatment.

- *Problem behavior indicators*. Rates of crimes such as driving under the influence and vandalism, truancy, school dropout rates, pregnancy rates, school disciplinary rates, academic failure rates, and AOD-related arrest and incident rates.

- *Social and developmental characteristics*. Family interaction patterns, family management, parental history of AOD abuse, attitudes toward drugs in parents and youth, drug use within peer groups, self-esteem, interaction and communication skills, family structure, and use of child care and proportion

of working parents. (This last is not shown to be related to drug use specifically, but it reflects the importance of child care to the healthy development of youth in the community.)

- *Community indicators.* Number of alcohol outlets (bars and liquor stores), sales practices of outlets, number of AOD-related complaints against sellers and others, number of alcohol advertisements in a community, arrests for loitering, or other problems related to liquor sales.

WHAT TO DO WITH NEEDS ASSESSMENT RESULTS

Once the information has been collected, it should be summarized, usually in a written report. The following outline can be used to draft the report:

- A history of the needs assessment process: how the effort began, who participated in planning and implementing it, how long it took, what problems occurred and how they were solved, and what kind of information was collected and from whom.
- A definition or description of the area, the population addressed, and the general problem.
- A summary and analysis of inferential indicators.
- Data on community perceptions of needs.
- Services currently provided.
- Resources available.
- Recommendations for future programming and action.

OTHER IMPORTANT POINTS ABOUT NEEDS ASSESSMENTS

It is important to remember that different people have different perceptions of need; therefore, program planners must be clear in their reasons for choosing to address particular needs.

It is also very important to know that any factfinding activity such as a needs assessment or program evaluation will reflect some subjectivity. We may strive to make survey and interview questions clear and objective, but our choice in asking specific questions reflects some preexisting concern of perspective. It is important to acknowledge the biases, concerns, and assumptions that needs assessments are based upon. These influences cannot be eliminated, but they can be clarified to minimize confusion or deviation from an assessment's findings.

A needs assessment process must be culturally sensitive. Many people have a great distrust of surveys, needs assessments, programs, and service organizations. In learning about people's needs, one must be considerate and communicate with the people on their own terms. For instance, some members may trust an interviewer of their own ethnic group more than one from another background. If you suspect that many residents in a

community do not read well, do not ask them to complete a questionnaire. If you are planning a community forum, obtain assistance from community members in deciding whom to invite, how to structure the process, and how to interpret the results.

A NEEDS ASSESSMENT FRAMEWORK FOR YOUTH PREVENTION PROGRAM DEVELOPMENT

Chapter 2 described the developmental stages of youth and how the social environments of development shape behavior. These ideas will be used in the conceptual framework for a community-based needs assessment presented in this section.

For simplicity, the developmental stages here are grouped into three categories. For each of the three, social systems or settings that create the contexts of development for people of that age group have been identified. Questions relevant to meeting that group's needs through a comprehensive effort are then listed. Because the larger, more inclusive social environment influences young people throughout the developmental stages, we have included questions to address that influence in our examples below.

Your community's needs assessment might choose to focus on only some of these questions, on one or two key systems, or on young people of a certain age. Answers to the questions you asked can be generated by using the data collection techniques we have just reviewed.

INFANCY THROUGH YOUNG CHILDHOOD

The key personal systems in these years are the family, the day care and preschool setting, and, by the end of this period, the school. Larger influences, especially the media, begin to become important. Relevant assessment questions include the following:

- Are there parks and recreational facilities for families with young children? Are the parks safe? Are drugs sold on the playground?
- Are there adequate infant care and day care facilities?
- Do they begin to teach children social skills and healthy behaviors?
- Are there good, affordable preschools?
- Do they teach children healthy habits, self-esteem, communication skills, and cooperation in ways that can be measured?
- Are parents involved with the preschools and schools?
- Do they directly assist children in the classroom or provide input into the operation of the preschool or school?

LATE CHILDHOOD OR PREADOLESCENCE

The family and the school are still the primary personal systems at the beginning of this period. As young people begin to develop their own friends and participate in some activities without the direct involvement of their parents, the personal settings of the peer

group, the neighborhood, and voluntary associations (youth groups, etc.) begin to ascend in importance. Relevant questions include the following:

- What kind of support exists for families of children in this age range? Are there parenting classes? Are there affordable support groups? Are there supervised activities for children, especially for those whose parents work past school hours? Are there parks and activities for families in the community?
- Are parents involved with the community's schools? Is there an age-appropriate drug education curriculum for these young people? Do parents teach the classes?
- Do health and drug education programs for older children include opportunities for practice and skill mastery? Do they build on the increasing importance of peers in young people's lives?
- What kinds of recreational opportunities are available for these children? Is there a range of supervised activities in which they can develop a sense of competence in many areas? Do youth organizations serving the community work effectively with parents as well?

ADOLESCENCE

Except for day care, all of the systems discussed above remain important in adolescence and early adulthood. The importance of the peer group increases as adolescents begin to form lives independent of their families. For youths with jobs, the workplace begins to fill the need; for those who do not identify with school, success or failure in the workplace can help to define the shape of their lives. For those who continue in school, college becomes a different and important setting, exposing young people to new friends, norms, and values. Relevant assessment questions for this age group include the following:

- Are there parent/youth groups to facilitate communication between parents and teens? Because many young people and parents begin to experience a new tension with one another during this time, such groups are important.
- What efforts exist to encourage and support the formation of positive peer groups? Are there "Just Say No" clubs or other youth groups committed to a drug-free lifestyle? Are there positive alternatives—especially challenging ones—such as recreation at teen centers, sports teams, and wilderness outings? What kind of leadership roles are available in the community for youth?
- Do local schools have clear policies banning AOD use on campus? Do they have peer counseling, student assistance programs, or other early intervention programs? Do they have prevention programs that build on the credibility that older teens have with younger teens? Are young people given full, honest information about drugs, drug use, and other problems among teenagers? Are they given assistance, either through programs and opportunities in school or elsewhere in the community, to develop the life skills—such as communication and assertiveness—that will ensure their success? Are all students truly given the opportunity to develop a bond with and commitment

to school, which, at this stage in their lives, represents a bond and commitment to the larger society?

- Are the messages regarding AOD use consistent throughout the social systems in which youth participate? When young people do face trouble—as some will—what connections are there within the key systems, the small personal systems, and the larger environment to provide them with assistance, guidance, and clear, consistent discipline? Are there effective connections among neighborhood groups, schools, counseling organizations, families, the criminal justice system, and the health care system?

- How available are alcohol and other drugs to young people in the community? Are alcoholic beverages inexpensive relative to the price of soft drinks and juices? Are there many alcohol outlets?

INTERACTIONS AMONG SYSTEMS AND LARGER SYSTEMS FACTORS

- Do clear community norms supported by a consensus of the population disapprove of drinking and drug use among young people? Are there clear community norms against parents giving youth alcohol and other drugs?

- What kinds of adult models are available to young people in the community? What are the norms and values expressed by the behavior of adults? What are the norms and values expressed by local advertising? Does an abundance or a growing proliferation of alcohol outlets communicate to youth that alcohol is a drug of everyday, casual use?

The communications media, especially television, are important institutions for youth. What kind of television programming is available in your community? Are there television programs for children from infancy through young childhood that offer positive role models and messages encouraging healthy growth and development? What kinds of television programs are available for older children?

As discussed in the section on program strategies in chapter 2, current state-of-the-art prevention programming meets three criteria: it is comprehensive, intensive, and collaborative. Keep these criteria in mind when designing your needs assessment and applying its results to the development of a program.

Chapter 4:
Building Coalitions

Youth-serving agencies throughout the United States are discovering the advantages of cooperative efforts by forming youth coalitions. In these times of dwindling dollars and limited staffs, intentional working networks are helping to fill the gaps in resource and program development. Coalitions can do the following:

- Create more public recognition and visibility.
- Expand the scope and range of services.
- Provide a more systematic, comprehensive approach to programming.
- Enhance clout in advocacy and resource development.
- Improve opportunities for new pilot projects.
- Prevent duplication of services and fill gaps in service delivery.
- Accomplish what single members cannot.

This section will attempt to provide a general overview of successful coalitions—their definition, functions, and structures.

WHAT ARE COALITIONS AND HOW DO THEY WORK?

Coalitions are dynamic learning and task groups with a single focus; they usually grow out of formal or informal networks and cooperate in their efforts to address a particular problem or issue. Coalitions are time limited, task oriented, and issue focused.

Your coalition, like all others, will evolve out of the common needs of your members. It may not begin with a specific formal structure, but as the purposes and goals of the group become clear, the necessary structure will emerge, based on the level of cooperative activity desired.

HOW DO COALITIONS BEGIN?

Coalitions begin with the discovery of common ground and common needs. Often, coalitions begin informally with one group or individual contacting other members of a formal or informal network to discuss needs and brainstorm ideas for addressing those needs. From the initial discussion, a steering committee may be formed to establish a

more formal linkage and to select leadership. This type of grassroots effort engenders enthusiasm among members.

Critical to the effectiveness and stability of the coalition is the definition of its purpose. This purpose, agreed to by all members of the group, will define the direction and future of the coalition. The primary responsibility of the group during its first meetings is to articulate and clearly define its purpose. As noted earlier, coalitions often represent diverse groups and interests, and finding common ground may take time. Coalitions that can define a single purpose work best because having more than one may deplete the resources of the group. However, it is possible to tackle several problems if tasks are divided.

WHAT ARE SOME POSSIBLE FUNCTIONS OF COALITIONS?

Brief descriptions of some types of coalitions, defined by their function, are presented in this section.

INFORMATION AND RESOURCE SHARING

This type of coalition serves as a clearinghouse of information for its members. Information of interest to the group is gathered in one place and then disseminated, a process that provides information exchange on the latest technology; creates a forum for discussion; develops a base for planning, education, and advocacy; recognizes group and individual work; and maximizes use of facilities, staff, and financial resources. Typical activities might include establishment of a resource center, sponsorship of conferences or seminars, and publication of a newsletter.

TECHNICAL ASSISTANCE

Although similar to a resource-sharing group, a technical assistance coalition has a narrower focus. The coalition's purpose is to effect positive change among its group members by encouraging them to share expertise with one another or by combining resources to bring in outside expertise. For example, such a coalition may seek to build grantsmanship.

PLANNING AND COORDINATION OF SERVICES

The purpose of these groups is to coordinate services. Planning and coordination groups differ from the first two types of coalitions in that they are outwardly rather than inwardly focused.

Typically, the coalition may focus on assessing needs for and inadequacies in services, planning future funding, and enlisting more community participation. Although the benefits of collaboration are clear, planning and coordination coalitions may experience more challenges in organization. Issues of authority and use of funds are less likely to occur if mutually agreeable guidelines are established early.

ADVOCACY

Coalitions of this type are designed to provide a unified voice in response to a specific situation or a more general issue. These groups may advocate more resources or more

political clout, lobby key funding sources, or launch a community awareness campaign. A good communication system and strong leadership are the essential ingredients in this type of group.

HOW ARE COALITIONS STRUCTURED?

The structural considerations related to the establishment of a coalition are

- membership,
- roles and responsibilities,
- staffing,
- funding, and
- interorganizational agreements.

Starting a working relationship means dealing with practical realities, defining group roles and individual relationships, and compromising yet maintaining the integrity of each member organization. Structures and processes that allow for open discussions of vested interests and group cooperation are needed. The structure must also allow for the active, effective participation of all members, and processes must be inclusive and horizontal, not selective and vertical. (The smaller and more informal the group, the less structure is required.)

Once the structure and purpose are established, more members can be actively recruited. Membership may be open to anyone who wishes to join or only to those who meet certain criteria. The membership must be large enough to meet the purposes of the coalition.

Young people should participate in youth services coalitions so that they will have opportunities to influence programs that directly affect them. Involving youth from the onset ensures a feeling of involvement as programs develop, encourages leadership roles, and shows how adults recognize youth as important members of society who can make a worthwhile contribution.

In a large, formal coalition, a board of directors may be established to determine roles and responsibilities or to monitor the coalition's program, finances, and management procedures. The board's decisions may need approval by the boards of directors of member organizations. Agreements can be arrived at among participating groups.

In an informal, short-term coalition, a board of directors may not be practical or worthwhile; however, a board of directors may be advisable if there are plans to seek outside funding to support the coalition. Advisory boards—and especially youth advisory boards—can be useful for providing a liaison with the community and the intended beneficiaries of the program.

Staffing needs are determined by the scope of a coalition's activities. It is essential to have someone in the role of director or coordinator who has decisionmaking power. A support staff is also needed to provide the communication necessary for cohesiveness. As a rule, coalitions need more staff time during formation. It must be clearly decided

at the outset whether a staff is to be volunteer only, supported by member organizations, or paid through grant funds.

Funding profoundly influences the structure, staffing patterns, and programs developed by a coalition. Because funding is rarely adequate for the purposes of the coalition, donated time, facilities, and services are needed. But donated resources cannot always substitute for sufficient staff resources. Any coalition will be more effective if it has a stable amount of funding to support its activities. Funding is available from many public and private sources. The final section in this chapter provides an overview of sources of funding and strategies for obtaining it.

WHAT ARE THE PITFALLS?

Coalitions, like other organizations, have potential problems that may lead to lack of cohesion, ineffective actions, or total collapse. These can include any or all of the following:

- Inadequate mission or purpose for the coalition.
- Failure to acknowledge individual needs of members or member organizations.
- Conflicting loyalties, vested interests, and fear of domination by one organization or individual.
- Lack of adequate funds to carry out goals.
- Unclear or unrealistic expectations about the coalition's roles, its responsibilities, or the time required to establish and maintain a coalition.
- Lack of leadership and organization.
- Disparity in goals, values, histories, and missions of the member organizations.
- Failure to produce results commensurate with the time and effort expended.
- Focusing on obstacles and current realities rather than on future possibilities.

HOW CAN YOU MAKE A COALITION WORK?

Inclusion, clarity of purpose, and organization will greatly promote the success of your coalition. Here are some suggestions to help:

- *Leadership*. Establish a structure that allows power to remain with the members while operational authority is given to a strong leader whose loyalties are to the coalition. Consider establishing a board of directors to develop policy and oversee management.
- *Teamwork*. Share responsibilities among members to build commitment and a sense of accomplishment. Designate regular, specific, valuable

responsibilities on an equal basis. Adequately staff the coalition with personnel who are able to foster cooperative efforts.

- *Communication.* Provide for clear, continuous communication among group members. Meet regularly and report the activities of the coalition and its members. Address problems and conflicts openly to avoid factionalism.

- *Administration.* Decide early how administrative and financial arrangements will be handled during the formation period. Develop a sound system of recordkeeping that can survive staff and leadership changes. Develop a life cycle for the coalition so that members will know what time commitments they are making.

- *Recruitment.* Recruit new members based on commonality of goals and needs.

- *Orientation.* Orient all members to the purposes, goals, and procedures of the organization and remind them of these frequently.

Coalitions are exciting, dynamic organizations capable of effecting great change in their member organizations and in the communities they serve. Each member's power and capacity to innovate are enhanced by cooperative effort and the pooling of resources. To be successful, a coalition requires commitment from its members, a willingness to compromise autonomy, skillful organization, and hard work. Yet the value of coalition building is clear: imagine all the youth-serving organizations in your area, region, or State building on one another's strength to develop cooperative, comprehensive prevention programs to create a powerful message to young people and the rest of community.

Chapter 5:
Program Planning and Management

PLANNING: DESIGNING FOR SUCCESS

Successful programs begin with effective planning, the results of which are that you are ready to begin, you have what you will need, and you know where you are going, who will take you there, and how and when you will arrive. Without adequate planning, programs could fail through unanticipated crises, lack of focus, and unarticulated goals. Enthusiasm and commitment also can be lost in the process.

Effective planning is problem solving. This section is based on the assumption that planning is time and money well spent and that toward the end, planning will be costly to eliminate or minimize. Planning is an art that requires thought, research, organization, patience, and vision. If it is done well, it can promote team building, a sense of ownership, enthusiasm, and an environment that maximizes the chances for success.

STEPS IN PLANNING

The Planning Group. Programs should begin with a planning group. The group should not be large and may include representatives of your coalition. Other members may be those in key positions to support or oppose the program. Expanding the planning group beyond the initiators will enhance a sense of ownership and support for the program. Key interested parties, including youth, may have valuable information about potential obstacles and ways to overcome them.

The Process. To produce a viable, comprehensive plan, your planning group must

- assign priority to needs,
- agree on goals and objectives,
- agree on program approaches,
- create an action plan with timelines,
- institute an implementation of the plan,
- monitor and assess progress, and
- evaluate outcomes.

These tasks can become part of a team-building process if administered thoughtfully. The following method is one used by many organizations to begin team planning. With

this technique, group action planning can become a productive process that minimizes power struggles and feelings of disenfranchisement.

Using a blackboard, large easel pad, or piece of paper tacked to the wall, ask each person in the planning group to contribute an idea. An individual may pass his or her turn at any time and still retain the opportunity on the next turn. Each idea is recorded on the paper for all to see. The process continues until everyone has contributed. At this point, listing ideas is the only goal of the group. Try to think of everything, but do not discuss, criticize, or analyze ideas during this period. Any idea is a good idea and may even trigger a great idea!

Next, clarify the ideas. Read the list and clarify any questions about the items. Combine like ideas, categorize by type, and write the resulting list on a separate sheet.

The next step is to set priorities. Using the master list created previously, each group member assigns a score of 1 through 5 to each item based on its creativity, relevance, feasibility, and so on. More than one idea may be given the same score by the same person. Rates for each item are then tallied and ranked. This process may be used to assign priorities to needs, identify a focus, define goals, and decide upon methods.

Develop a Group Planning Worksheet. A group planning worksheet provides guidelines and focus during planning. From the worksheet, specific plans can be written.

- Description of problem: What's needed?
- Description of desired outcome: What should happen?
- Description of methods to be used: How can it happen?
- Activities and tasks required: What do we need to do?
- Implementation timeline: When will it happen?
- Assessment procedures: How can we check on progress?
- Description of available resources: What are the financial and human resources we have?
- Evaluation design: How do we know if it worked?

Describe the Problem

The needs assessment process you have completed helps define the needs your program will address. The planning group should delegate the task of drafting a clear, concise description of these problems and needs to an individual or subgroup. This problem description will provide the focus for the planning.

Describe Desired Outcomes (Goals and Objectives)

Next, the group needs to articulate goals and objectives. For the purposes of this guide, a goal is defined as a clear statement of the desired long-term outcome. An objective is a more specific, shorter range outcome. Each should be feasible and narrow enough in scope to be achieved in a realistic period of time with the resources (both human and fiscal) available. A word of caution: Concentrate on outcomes rather than on methods.

Goals and objectives represent the vision and scope of the program. They are the planners' tool to describe what the program is about and what the program hopes to accomplish. Goals represent more general statements about the expected outcome of the program. Goal statements answer the question: What will be achieved by this program? Objectives, however, are more specific, quantifiable, result oriented, and client focused. The following are examples of each:

- *Goal:* To increase the knowledge, skills, and ability of club members (youth) to resist pressure to use alcohol and other drugs.

- *Objective:* By April 1, 75 percent of club members will demonstrate the ability to respond appropriately to pressure to use drugs after participating in 4 hours of group discussion and role playing of resistance skills.

This format for writing goals and objectives relates directly to the outcome that will be evaluated in the future. The larger planning group should not articulate these specific goals and objectives. One or a couple of people can develop these ideas using the more general ideas from the project planning worksheet.

Two problems frequently arise in developing goals and objectives. First, planners can get locked into one given format that doesn't support everyone's understanding of the outcomes of the goals and objectives. Keep it simple. Second, program planners sometimes articulate methods for achieving the desired rather than the actual outcomes. Stating that the club leader will provide 5 hours of drug prevention education is not an objective but a method for achieving an objective.

Describe Methods To Be Used

The group must decide which specific method or approach will be used. At this point, your planning group may have definite ideas about the strategies, methods, or approaches it wishes to use to reach the goals and objectives. If the group has not yet decided on an approach or is not aware of the available options, research may be needed. Talking with local program developers and visiting existing programs are ways to observe strategies in action. If a number of approaches seem viable, several issues should be considered when making the final decision: cost, acceptability to the participants and to the key allies, funding sources, and the success rate of past programs using similar approaches.

To plan future actions, the group can use force field analysis to clearly delineate the facilitating factors and potential barriers related to program goals and objectives. Force field analysis allows staff to analyze a project's environment, anticipate problems, and solve them before they occur. It is based on the recognition that facilitating factors and barriers exist for any anticipated course of action. Force field analysis uses a brainstorming process to help a group identify support for programs or strategies, as well as anything that might obstruct progress.

The following is a sample force field analysis for a parent education program.

Facilitating Forces

- Parents' concern for children.

- Identified need for prevention information.

- Training available for group leaders.
- Ability to train volunteers to assist program.
- Interest among many parents.

Potential barriers

- Difficulty getting parents to attend.
- Parents' denial of potential use problem.
- Scheduling difficult for group leaders.
- Training needed for group leaders to deliver program.

A force field analysis should produce a realistic assessment of the obstacles to be overcome, their impact on program development, and methods to overcome them. Similarly, support for a program can be analyzed to determine how best to maximize it. Force field analysis may be used in the planning process to evaluate several potential program activities. It is a useful tool to analyze strategies, objectives, and activities.

List Activities and Tasks Required

The group next lists activities and tasks needed to achieve objectives. This exercise encourages members of the group to assume responsibility for the tasks that each is capable of accomplishing.

Define the Timeframe

For each goal, objective, and significant activity proposed, the group should establish a feasible timeframe for completion. Remember, things always take longer than you think they will.

Assess the Outcomes

How and when progress will be assessed should be decided in order to make needed changes or revisions. As the project develops, systems of recordkeeping, management, and supervision become important.

Describe Available Resources

A list of resources needed and available to carry out the activities must be developed. The group should completely describe facilities, personnel, volunteers, materials, skills, expenses, and so on.

Design the Evaluation

The group should identify indicators to be used to evaluate the process and outcome of the program, as discussed at the beginning of the chapter.

Write the Action Plan

When the planning group has completed the project planning worksheet, one or two people can formulate specific objectives, activities, tasks, and a budget. The following

sample management action plan is an example of one clear, useful way to depict program activities. Written in this format, an action plan can be used in the implementation assessment process to determine how successfully the program has proceeded.

SAMPLE ACTION PLAN

Finally, as the program is about to progress, ask yourselves a few final questions:

- *Does your plan include youth in the implementation process?* Anecdotal information indicates that programs "for" youth are less likely to be effective than programs "by" youth. When young people have a sense of ownership of a program, they learn more from it and are more influenced by it. Young people can play a part in policy development, marketing, fundraising, and administrative tasks. Specific ways of expanding youth participation should be built into the implementation process.

- *Have you involved parents in planning and implementation?* Parents play a key role in the success or failure of a program. Parents have a right and a need to be informed about the programs in which their children participate. Here you will find your strongest allies and your greatest challengers. Parents often have strong emotional responses—ranging from fear and denial to great enthusiasm—to programs designed to reduce AOD use. With a strong parent support base, you will have a core group of problem solvers to help you through any concerns or difficulties. Depending on the program strategy, parents can participate in implementing the program or lend support at home with complementary activities.

- *Does your program plan to use volunteer staff?* While the use of volunteers is highly desirable, thoughtful preparation is required. Volunteers need

  - meaningful, clear, and specific roles;
  - training;
  - flexibility;
  - continuous support and supervision; and
  - recognition and respect.

PROGRAM MANAGEMENT: MAINTAINING THE MOMENTUM

Having completed the planning process, you now have a solid foundation for the success of your program. It is time to put your ideas and plans into action. Despite many common features, no two implementations of a program model are exactly the same. Activities are based on the specific conditions in the local environment. After thorough planning, good program management skills become important.

Even in the most collaborative of efforts, programs need clear, consistent leadership. Someone needs to assume responsibility for seeing that goals and objectives are met. A program coordinator can manage the program on a daily basis, ensuring timely implementation, problem solving, and staff direction.

To be effective, a prevention program must itself exemplify a healthy human environment. There are several factors that make this possible:

- *Leadership.* Managers' or coordinators' responsibilities should include establishing a positive, healthy climate of trust among staff. They should articulate the project's mission and goals, which will guide the staff daily. The program manager should acknowledge that management is part of all the staff roles within the project. A successfully administered project is the result of hard work and cooperation among many people. It is important to clarify the part that each person plays and to empower each individual in his or her role.

- *Teamwork.* Each staff person's role and responsibility should be clearly defined. Coordinators and managers must understand that a significant part of their role is supporting others as they do their jobs. Good coordination and management are characterized primarily by supportiveness, not authoritarianism.

- *Communication.* Program managers must keep in close touch with the rest of the staff. Through personal contact, they can learn of the staff's difficulties and successes and obtain the facts needed to help staff members solve problems. Good managers can create an environment of open communication and shared problem solving. A solution that works for some project staff may also work for others. With sensitive leadership, a climate of sharing, growth, challenge, creativity, caring, and commitment can be created.

- *Administration.* Develop a good, easy-to-use system of recordkeeping and a method for obtaining information about the project's activities so that managers or coordinators can conduct a continuous, even if informal, evaluation. The system of recordkeeping should be as simple as possible.

The planning group can reconvene at regular intervals, or when major problems arise, to assess progress and consider revising activities and tasks. The group might review any process evaluation data collected thus far, or it might use a written instrument to collect input on what is effective or ineffective and what could use some help or attention.

Gathering feedback from participants is a good way to identify any real problems. Remember, however, that the assessment offers a time both to identify and eliminate trouble and to recognize accomplishments. After a process evaluation or an assessment, inform the interested parties about the program's status. A letter, a call, or a presentation will keep funding sources, allies, and possible supporters involved and informed.

You have done just about everything you can to ensure success. You have developed a strong coalition and support network; you have carefully researched, planned, and articulated the program; you have implemented it with good leadership; and you have provided for program evaluation. What else is there?

Every program needs a little recognition. Let people know what has been accomplished and what is being planned. Look for opportunities to broaden your network of allies and supporters. Brag a little. Use the newspaper or parent groups to talk about the program. Always let your funding sources know how well you have used their money or materials. Take time to appreciate each other and what all of you have achieved through collaborative planning, commitment, and hard work.

Chapter 6: Evaluation—Know What Is Working, Why, and How

Program evaluation is a way of examining a program or activity systematically and thoughtfully. It is a means of obtaining the most reliable and valid information possible, given the resources available, on the value of an approach to prevention (or of any endeavor in the field of human services).

Program developers and administrators often misunderstand evaluation and do not know how to use evaluations to help them maximize their program's potential. These are some common complaints: "I need more resources to carry out my program the way it should be carried out, but instead funds have been devoted to evaluation." "I'm afraid this evaluation is being carried out by people who don't really understand our program." "An evaluation can't really measure what this program is accomplishing."

Sometimes these statements are true, but sometimes they reflect a lack of familiarity with program evaluation and how people can use evaluations. The evaluation process is an important tool to help assist youth effectively as good intentions are translated into solid program development based on experience and state-of-the-art research. Once prevention practitioners understand evaluation, they can use it to ensure survival and future replication of good, solid programs. Insofar as evaluation procedures are difficult to comprehend, experts in survey research can combine evaluations with helpful guidance.

Program evaluation encompasses a variety of approaches, but three commonly used levels of evaluation define the focus and scope of evaluation efforts: process, outcome, and impact (figure 4).

Process evaluation focuses on the operation or implementation of a program. An evaluation focusing on the process level addresses the following questions:

- Whom does the project serve? What are the relevant socioeconomic characteristics of the clients? What are the ages, ethnicities, and sexes of the clients? In alcohol and other drug (AOD) prevention programs, process evaluations can define risk factors of clients, such as growing up with one or more parents who have a history of AOD abuse, or living in a low-income neighborhood with a history of drug problems.

- How many clients does the program serve? How does the number of clients served compare with the number of clients identified in the program's objectives?

- How do clients and units of service fall into the primary components of the project? If a program provides group counseling, alternative activities, family support, and individual counseling, how many clients participate in each component? How much staff time is devoted to each component?
- How is the program actually delivered (compared with the program's intentions)?
- How do clients and staff feel about the program activities in which they participate? What are the client's and staff's general sense of the program? What do they like best about it? What suggestions for improvement do they have?

Outcome evaluation requires a more complex analysis. This type of evaluation focuses on the effects of the program on the participants. It determines whether changes have occurred, usually for the primary clients of the program, such as children and youth. Outcomes for families, teachers, program staff, and others can also be evaluated.

Figure 4. Drug prevention evaluative research model

LEVEL OF EVALUATION	PROCESS →	OUTCOME →	IMPACT
Focus of Evaluation	**Prevention *Program* Effects**		**Aggregate or Cumulative Effects of *Community* Level**
Potential Indicators of Effectiveness	• Description of target audience/ recipients of service • Prevention services delivered • Staff activities planned/ performed • Financing resources utilized	Changes in drug-related: • Perceptions • Attitudes • Knowledge • Actions: Drug use Truancy School achievement Involvement in community activities	Changes in: • Prevalence and incidence of drug use • Drug-related mortality/morbidity • Institutional policy programs • Youth/parent involvement in community • Accident rates
Potential Prevention Evaluative Approaches	Examples: The Cooper model for process evaluation NIDA-CONSAD model NIDA Cost Accountability Model Quality Assurance Assessment	Examples: Experimental paradigms Quasi-experimental designs Ipsative designs, e.g., goal attainment scaling	Examples: Epidemiologic studies Incidence and prevalence studies Drug-related school surveys Cost-benefit analysis

(Bukoski 1979)

Outcome evaluation usually focuses on desired changes in the goals of the program. An outcome evaluation can answer questions such as the following:

- How have program participants changed? Have they changed their behavior? Have they increased their knowledge of AOD issues? Have they changed their attitudes toward alcohol and other drugs? Have they changed their plans to use or not to use alcohol and other drugs? Have they improved in their performance at school? Have there been changes within participants' families? Have participants formed new peer groups? How have participants' self-concepts changed?

- What effects, if any, has the program had on those who have provided the services? If parents have been trained to work with children, how has the training affected them? If older teens have been trained to teach preteens and younger teens, how has serving as mentors and models affected them? If a youth prevention program has organized young people to assist older people, how have the older people, as well as the young people, benefitted?

Impact evaluations measure change on a larger level, examining the effects of a prevention program or group of programs on a community as a whole and the changes in the size or nature of a problem in a community. For AOD prevention programs, relevant indicators examined in impact evaluations include the prevalence and incidence of alcohol and other drug use, addiction, and AOD-related accidents, as well as changes in the procedures and policies of community institutions.

Process evaluation is closely related to program management; process evaluation data are often collected for program funders and as part of an internal management and accountability effort. Process evaluation data should always be examined and included with outcome data, because the process may have important implications for program outcome. Process evaluation data can often help in understanding and interpreting outcome data, because the collection and analysis of process evaluation data are relatively precise.

Process evaluation is represented in the segment of the program development model linking initial implementation to implementation after feedback and assessment. Outcome evaluation constitutes the segment of the model linking implementation to the goals originally defined for the program. Outcome evaluation is the focus of most evaluation efforts; most of this guide concerns outcome evaluation.

Impact evaluation is beyond the scope of most projects and organizations. However, an impact evaluation might be commissioned by a coalition of groups or a community agency with a broad charge, or as part of a needs assessment or planning effort.

PHASE ONE: LAYING THE FOUNDATION FOR THE EVALUATION

BUILD IN AN APPROPRIATE TIMEFRAME FOR THE EVALUATION

The evaluation should be an integral part of the design stage of the program. It helps clarify the program's goals and ensures that the appropriate kinds of data will be collected. The beginning of a project is a good time to collect baseline or pretest data.

The feedback from a process evaluation can be very helpful at this formative stage, but a full outcome or impact evaluation should not take place until a program achieves a sufficient degree of maturity and stability and has been operating long enough that it could reasonably be expected to bring about some change.

A significant change or transition (e.g., moving a project or an agency to a new location or changing key staff members) in the middle of an outcome evaluation can complicate the interpretation of outcome evaluation data. This kind of change or transition is often unexpected but must be accounted for in the interpretation of the findings. Specific evaluation findings must always be interpreted in relation to the project's environment and in the context of its life cycle.

INVENTORY THE EVALUATION'S AUDIENCES AND THEIR CONCERNS

An important step in shaping the evaluation of your program is to ask "Who is our audience? Who will be interested in the evaluation's results?" Potential audiences include the program's sponsoring organization, the program management and staff, the clients themselves and their families, the community the program serves, various community organizations, and the program's funding source.

An almost infinite number of questions can be generated for an evaluation to try to answer. Try to focus on your audiences' major areas of concern. What is most important to your funding source? What unanswered questions do the program staff have? Is there a community audience that has specific concerns, such as how the program is affecting different socioeconomic classes of participants or whether the program is coordinating with a school-based prevention program?

ASSESS THE RESOURCES AVAILABLE FOR THE EVALUATION

What resources can your program or coalition devote to the evaluation? Will the evaluation be designed by the staff or primarily designed by hired consultants with input from the staff? Who on your staff has the time and expertise to help with the evaluation? Who on your staff or in your consultant pool might know about appropriate instruments or designing surveys and questionnaires?

ASK THE MOST IMPORTANT QUESTIONS

Once you have listed your potential audiences, their areas of concern, and the available resources for the evaluation, carefully select the questions as you design the evaluation.

Be clear about your program's theory of action. What is your program aiming to accomplish? What steps and assumptions link your activities to your intended accomplishments? If reduction in AOD use is one goal, how will the program achieve it? If your program will develop alternative activities to provide constructive recreation for youth in high-risk environments, you may want to measure outcome not only by AOD use but also by how participating youth spend their recreational time before, during, and after the activities.

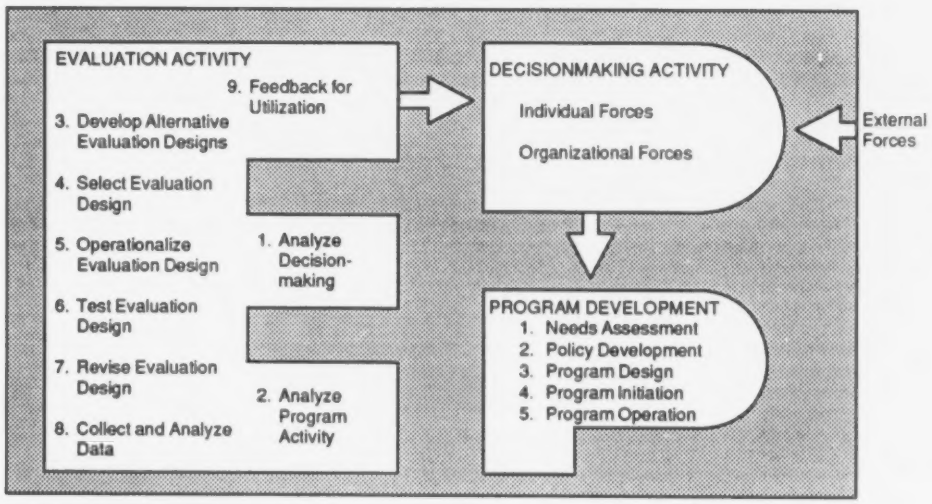
Link your theory of action to the concerns of your audience. To whom are its long- and short-term goals important? If your funders require documentation or certain outcomes, or if they have particular concerns, you probably need to formulate your questions so that these requirements are met. If you plan to apply for funding from a new source that

has particular concerns or areas of interest, you may want to make sure that these are included. If staff members have particular concerns, these might also be addressed.

The result of this process should be a clear understanding of the most important questions for the evaluation to answer, along with an idea of the resources available to help answer them. If you have generous resources, you may be able to include all your potential evaluation questions in your design. If your resources are limited, you may have to include only the most important questions.

Designing your evaluation may not be a simple, sequential process. You may know the most important questions, but you may find that data relevant to some questions can be collected and analyzed with fewer resources than data relevant to other questions. Your final design will depend on the specifics of your questions, your resources, and your project (figure 5).

Figure 5. The (ideal) evaluation plan



PHASE TWO: DESIGNING THE EVALUATION

After you have decided on an appropriate timeframe for the evaluation and identified your primary audiences, your resources, and the questions you would like the evaluation to answer, you can apply this information to the design of the evaluation itself.

EXPLORE THE STUDY DESIGN OPTIONS AVAILABLE

The most respected outcome evaluations are those that use a pretest-posttest design with control groups or comparison groups. Some program settings and activities lend themselves more readily to this kind of design than others.

What are the opportunities available to your program? Can participants be asked to provide information or complete a survey before they participate in the program? Can they be tested only after they have participated? Can measurements be taken later, at a specified period of time after their participation? These questions really have to do with

your access to the people your program will serve, both before their involvement and after.

You may be able to choose a control group to participate in your evaluation from the same population or pool as your program participants. To be in the control group or in the experimental (program) group, people are selected randomly so that there are no fundamental differences between the two groups. Most programs, however, find it difficult to select their participants randomly or to assign a group of people to a control group.

Many programs that do not create a control group for evaluation can create a comparison group. A comparison group is similar to a control group, but members of comparison and program groups are not assigned randomly. To be an adequate comparison group, a group must be similar in relevant characteristics to the group participating in the program. For instance, of two fifth-grade classes in a particular school, one might be selected to receive a prevention program. Both classes might be tested, so that test scores or changes in test scores can be compared.

Ideally there would be no relevant differences between the two classes, such as age, ethnicity, advance familiarity with the program material, or the teachers' attitudes towards tests or prevention programs. If there are no such differences, this could be an excellent program evaluation design. (Unfortunately, it is not always possible to know a priori which variables must be held constant; therefore, randomization is a superior strategy.) Evaluation results would be skewed if test scores were compared for two classes with significant differences, for example, in ethnic composition or levels of competence in reading.

DETERMINE THE SAMPLING PLAN

If your program is a relatively small one, you probably do not have to be concerned about a sample for your evaluation. You can probably use whatever measures you choose for the entire client population. If your program is large and complex, however, you will want to design a sampling plan so that the data collected are manageable. For instance, if you are working with 500 youths, you may want to test only one-fifth of them for the evaluation.

Sampling as randomly as possible reduces biases built into the sample. If you include only the 25 young people with the best attendance records while collecting no data from the others, your sample will be biased in favor of your program's most active participants. (There are appropriate alternatives to random sampling in some cases, such as stratified sampling.)

DECIDE WHAT INDICATORS, MEASUREMENTS, AND INSTRUMENTS TO USE

The observations, measurements, and instruments you select or create will translate the evaluation questions you chose to explore in phase one into very concrete indicators. For example, if performance in school is an important question to explore in your program's evaluation, you might collect data on attendance rates, grades, rates of disciplinary actions, or assessments by teachers and parents. You might also ask students themselves to answer a survey including questions designed specifically to evoke their own perceptions of various aspects of their performance in school. The measurements

and instruments you use define the data you collect. Thus, your selection of measurements and instruments translates your key evaluation questions into increasingly specific indicators.

Ideally, evaluation studies gather converging data—different kinds of information related to the same question. If more than one of the options presented above for exploring performance in school were included in an evaluation, these different kinds of data would converge to give a multifaceted, multidimensional answer to the complex question of how a program influences a student's performance in school.

The data most often used today in both research and evaluation studies are quantitative data—data that can be translated into numbers for statistical analysis. There is, however, a tradition in the social sciences of also using qualitative data, that is, data that defy quantification (cannot be translated into numbers) yet can add to an evaluation. The kinds of qualitative data most frequently used are interviews and observations that can be structured or unstructured. Because qualitative data are largely subjective, care must be taken in collecting and analyzing them. If only program staff members interview clients or observe their behavior, the potential for bias is high. Being human, staff members may look for and find qualitative data that confirm their own views. Interviews and observations (and other kinds of qualitative data, such as written material) collected and analyzed by those outside the program can shed much light on a program's operation and how it is working for participants.

DECIDE HOW THE DATA WILL BE ANALYZED

There are three primary types of quantitative data analysis: measures of central tendency to summarize large numbers of cases on particular measures or variables; tests of statistical significance to determine how often particular outcomes occur by chance or by error; and measures of association to determine the relations among variables in a data set.

If you want to summarize how a group of program participants scored on a test, measure the central tendency or mean. If you want to compare scores before participation in the program with scores after participation, use a pretest-posttest design. (You also could obtain a difference score for each participant—the difference between pretest and posttest—and then determine the mean difference score.) If you want to determine whether the difference found between two means is statistically significant—that is, occurring by chance less often than a defined frequency—you will use a test of statistical significance. If you want to determine whether higher or lower test scores are related to other variables, such as higher or lower family income, you have to explore the statistical association between these variables.

Many statistics texts or introductory social research books can give you the basic ways to approach the above issues. Unless you have an expert in statistics or research design, you will probably want to stick to basic, simple data analysis. Data analysis for a large-scale evaluation effort can be extremely complex. An evaluation requiring data analysis more complex than measures of central tendency probably should not be attempted unless someone with training in social science research is available either to conduct the data analysis or to provide consultation.

PHASE THREE: USING THE EVALUATION'S RESULTS

SUMMARIZE AND REPORT YOUR RESULTS

How results are summarized and reported depends largely on the audiences defined in phase one. If your evaluation is primarily for staff or clients, a formal, written report may not be necessary. If evaluation results will be presented to a funder, a potential funder, or a sponsoring organization, a formal report will probably be either required or desirable. Such a report should describe the program, outline the evaluation design, and describe the measures and data analysis techniques used.

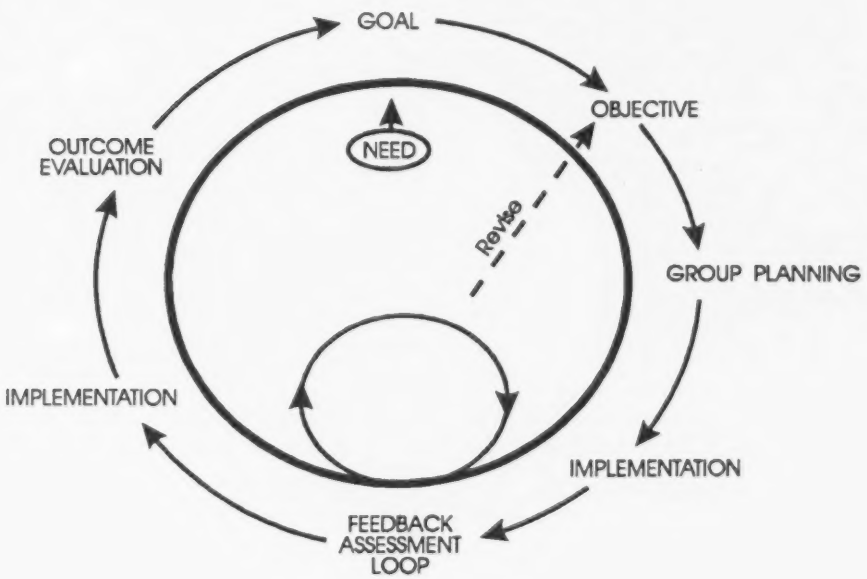
The report should always be truthful, but it should use a working knowledge of the program to interpret the data, particularly data that suggest aspects of the program that might be strengthened. Again, evaluation data—qualitative or quantitative—should always be used in the context of the program's environment and life cycle.

Whether a formal evaluation report is written, results may be summarized verbally for a variety of groups such as clients, staff, and community.

USE THE RESULTS TO MAXIMIZE YOUR SUCCESS

A good evaluation should be useful and significant to the program's audiences. Evaluation can provide feedback to promote a program's development. Evaluation results can be used to modify the way a program is carried out, its goals, its theory of action and working assumptions, or its target group (figure 6).

Figure 6. Program development evaluation model



Evaluation results can also be used to demonstrate to funders and potential funders how a program is serving its client population. Remember that many funders respect programs that include a mechanism for continual self-assessment.

Program managers and staff members, if they are involved in and informed about the evaluation from the beginning, are most likely to use evaluation findings. They can help to formulate relevant questions, plan the evaluation, solve problems, analyze evaluation data, report results, and examine the implications of the findings. Consultants with program evaluation experience can be brought in to help with these tasks.

Remember, a complete but shelved evaluation doesn't serve the youth, but a working evaluation that is part of a sincere process of self-study can.

Chapter 7:
Raising Money

Have you managed or participated in several fundraising campaigns? If you have, you will not need the following guide except as a checklist to make sure you do not forget anything.

If you have participated in a small way, you can use this discussion to strengthen your fundraising skills.

And if you have never done any fundraising work before, then follow this section closely and examine the list of funding sources and the suggested references.

INTRODUCTION

This section is designed to be used by local coalitions and the local organizations associated with them. It is intended to supplement whatever current fundraising efforts your organization has and, we hope, suggests sources not previously considered, methods not yet implemented, or avenues not yet explored.

To a professional fundraiser, this outline will not reveal any new principles, but it is a guideline and commentary on a planned, creative financial development effort for alcohol and other drug (AOD) prevention projects.

The guideline emphasizes soliciting support from funding organizations through the use of proposals, not the use of annual drives or other techniques to raise money from the general public. Here the focus is on approaching a funding source or target with a prepared project proposal.

Effective fundraising is the result of a series of time-tested steps. The following are the main elements in any successful fundraising campaign:

- The development of a well-managed, clearly defined organization.
- The selection of a board with specific, relevant reasons for choosing each board member.
- A well-planned and well-researched approach to the giving community.
- The professional presentation of your organization and its proposal.
- Thorough, effective followup.

There are many types of giving, and some organizations are much more interested in one type than in another. Be flexible and explore the various possibilities with your targets, your staff, and your board members. These possibilities can be researched easily in your local foundation library. The possibilities include

- total support grants,
- matching grants,
- challenge grants,
- gifts in kind,
- volunteer services,
- deferred giving, and
- preauthorized payments.

Possible fundraising tools are

- functions—parties, films, special events,
- telethons,
- direct mail,
- annual giving,
- gift clubs,
- phone-a-thons, and
- support requests in billing letters or bank statements.

YOUR ORGANIZATION

The basis for successful fundraising is a well-managed organization with a clear concept of goals and concise, realistic strategies for reaching those goals. It is the rare philanthropist who will risk supporting vague notions or shaky organizations. Understandably, donors want to be reassured that their money will be used as productively as possible and that, should they desire publicity, this serves as a benefit to them.

First determine if you are eligible to raise funds from each organization that you have identified as a target. Usually philanthropists will want you to be

- a chartered, not-for-profit organization,
- registered with your State Attorney General (check to see if this is necessary in your State), and
- IRS tax exempt.

The following points should be kept in mind when raising funds:

- One cannot use Federal funds to raise money from the private sector.
- Foundations usually do not contribute to normal overhead operations, such as building upkeep and utilities.
- Funds may not be accessible until months after they are pledged to your organization.

The mission and goal statements are the foundation of any well-managed organization and are clearly required for a winning proposal. The success of the first presentation or even the first telephone call depends on whether you know your organization and its objectives clearly enough to communicate them effectively. It is commonly agreed that most applicants for funds do not succeed with their first proposal because the proposal does not reflect the true goals and mission of the organization.

The mission and goal statements may or may not be identical, depending on the size and structure of your organization. The mission statement is a clear, concise statement of the organization's philosophy and purpose. It must be approved by the full board, the president, a lawyer, and an accountant. It serves as your ultimate reference and establishes clear guidelines from the beginning.

The goal statement establishes how your organization will fulfill its mission. It sets out what you wish to achieve through your organization and outlines the ways in which you will achieve it. Goals must be clear enough to be conveyed easily, concisely, and effectively to either novice or expert.

THE BOARD OF DIRECTORS

The composition of your board is key to the stature and effectiveness of your organization and to the success of your fundraising campaign. It is critical that the board collectively has both the talents required and a sophisticated vision and mission. A board with narrow or limited interests and experience will be much less effective than one that has wide expertise or has access to those who have it. Research this point in the beginning—it will be worthwhile and may save a great deal of unpleasantness in the future.

- All board members should have a clear commitment to your mission and goals.
- Select a group of individuals who fully represent the constituency (community, area, or neighborhood).
- Your board members should be leading, influential citizens. They must have good rapport with and understanding of the community and its major population groups.
- For those board members expected to contribute funds, it is helpful to have a mutual understanding about the amount anticipated annually.
- Stay away from individuals who have difficult or confrontational personalities or who cannot work professionally when negotiating controversial issues.

- Do not select someone who is overcommitted; ask for time commitments from those you do select.
- Your board should include at least one lawyer and one member of the financial community.
- Prominent professionals or well-connected volunteers with experience or knowledge of AOD use should be expected to contribute much to your organization.
- Encourage interaction between board members and staff members. Everyone should know what is happening if they are expected to work well together.
- Educate and enlist the support of your board whenever possible and as often as needed through full board meetings, but do not overtax them. Board committees that serve between board meetings can be effective if given specific assignments.

PROPOSAL PREPARATION

Have a specific project or objective for your fundraising campaign and credit the funders of specific parts of the program in your publicity. These actions also reinforce your message to the funders: Without their critical contribution, attainment of the objective would have been impossible.

- The project must be definable in a short, concise format.
- The project must be important to your constituency.
- There must be public consciousness of the issue—or the clear indication that awareness could be raised and enthusiasm generated.
- Your objectives must be realistic and achievable.
- You should have begin and end dates for the use of funds.
- You should be able to cite successes in projects similar to yours. Have backup materials on file to support your citations.

Thorough research for the preparation of your proposal cannot be emphasized enough. While it may not seem fruitful at the time, it may in the future. Research should be done methodically, and anything that might be applicable should be kept in well-organized files. Approach area-based targets rather than national organizations. Subsidiaries of national corporations such as the local Elks group or a community foundation are more likely to give to local AOD prevention programs than national corporations, foundations, or organizations.

You can get pertinent information on your issue or target group from many sources listed in the appendixes, including

- libraries;
- daily newspapers, weekly magazines, or other publications;
- the media;
- your contacts;
- other people's contacts;
- universities;
- State records;
- Federal agencies;
- other efforts, agencies, or organizations similar to yours;
- tax returns for not-for-profit organizations;
- lists of board members; and
- the social register.

Research repositories will show you how to use their facilities and how to find the information you need. You will save a great deal of time, energy, frustration, and money by swallowing your pride or inhibitions and asking for such assistance.

Similarly, do not hesitate to ask people for help. You cannot possibly be an expert in everything, and people enjoy teaching others their trade.

You will want to look for the following general types of information in your research:

- Who is interested in the issue? Who or what is the target group?
- Does the prospect know about your organization?
- Why would the prospect be interested in helping or giving?
- Has the target given or helped in a similar cause previously? In any cause?
- How much has been given? In what context? When? In what format?
- Who is the best person to contact within each target group?
- Is the person in charge of working with the prospective target the one most likely to secure the funding?
- What will the donations achieve for the giver, in addition to a good feeling?
- What is the target's capacity for donating to philanthropic endeavors? Is the target in a position to give?
- Who approves the grants? Who does the background work on the application?
- Does the organization have a list of grant recipients? An annual report?

- Will someone in the organization talk to you about its giving patterns?
- Has the prospect had first-hand experience with the problems of AOD use through family members, friends, AOD-impaired drivers, and so on?

Obtaining support is the result of knowing your organization, its objectives, and the giving community in your field. You can obtain support from any of the following:

- Foundations created by businesses. Giving may or may not be guided by public statements, depending on the leadership in the corporation.
- Foundations created by and under the guidance of one or more individuals. Giving is much more personal.
- Independent foundations. Giving is still geared to particular interests or geographical areas, but it depends on a consensus-of-need basis.
- Community foundations. A subset of independent foundations, but with far greater discretionary powers than those with funds from a single source. They administer funds given by many sources for the community's benefit.
- Corporations. They are sensitive to problems that directly affect employees and put heavy emphasis on health and education programs. Proposals should feature benefits to the company, such as employee retention and productivity, public relations, or marketing.
- Independent professionals.
- Individuals.
- Unions or fraternal or civic organizations. Check with local chambers of commerce for lists of organizations. Members are usually involved in local affairs and business and are able to reach a broad group of supporters.
- State, local, or Federal government.
- The general public.

Keep the following in mind when dealing with some of these groups:

- Business and professional sources.
  - — Fiscal year.
  - — Timeframe for budget approval.
  - — Contributions budget.
  - — Statement of whether the business is a subsidiary.
- Government.
  - — Timeframe for budget approval.
  - — Type of budget used—annual, biannual, etc.

- — How, to whom, and when to apply.
- — What agency has similar interests and how you can work together to produce larger appropriations.

- Unions and fraternal and civic organizations.
  - — Where they are located.
  - — Who the officers are.
  - — What and to whom they contribute.
  - — What kind of presentations they require.

WRITING THE PROPOSAL

After you have gathered your facts, arrange to meet with the highest level executive or the person closest to the potential source of funds to present your project. Explain its intended effects on the welfare of the community and how support would benefit both the citizens of the area and the giving institution. Enlist a board member or someone closely associated with your organization who knows the contact person personally or professionally. Ideally, he or she should present the program or at least accompany you and make the conversation easier.

Ask for specific guidelines on application procedures. If possible, obtain an informational interview with the giving administrator (you will have obtained his or her name from the original contact) to explain any subtle or vague requirements or issues, to learn about the organization and its staff (who may assist with your proposal or give you leads on how to apply), to communicate that you are interested in the funding source's needs and ideas, and, finally, to convey pertinent information about your issue and organization.

- The cover letter makes the first impression and must present a professional picture of an active, effective organization. It is often used as a screening device by the donor, so make it effective and concise.
- Descriptive language that inspires the imagination without being dramatic and conveys a detailed picture of the problem is more effective than dry, nondescriptive material.
- Effective action is crucial to enlisting support. No one wants to pour money into a losing cause.
- Follow all instructions from the target and ask questions if you are unsure.
- Confirm deadlines and meet them.
- Create a prominent proposal, but do not overdo it.
- Present a professional picture. Get several people to proofread and edit the proposal. Poor spelling and grammar can easily ruin its integrity.

- Do not overdo your sales job. Attach appendixes if you feel that they would be helpful, but do not go into peripheral information in the body of the proposal. Keep it short and concise.

The structure of the proposal should be approximately as follows, but adjust it according to the target:

- Cover letter.
  - — Should be the equivalent of a summary page in your proposal.
  - — Includes a summary of the history of the organization.
  - — Emphasizes the legitimacy of the issue.
  - — Gives a summary of your project.
  - — Includes a description of how you would like the target to support your effort. This is the result of your conversations with the target's staff and your research.
  - — Emphasizes the connection between the target and your organization and how that relationship would benefit the target.
  - — Mentions how you would credit the target—again, this is the result of your conversations and research.
  - — Gives evidence of how the project will be supported beyond this grant.
- Contents page.
  - — Organization.
  - — Problem statement.
  - — Program objectives.
  - — Program methods.
  - — Evaluation.
  - — Budget.
  - — Appendixes.
- Description of your organization.
  - — How, when, where, and by whom started.
  - — Mission, goals, and programs.
  - — Sources of funding.
  - — Accomplishments to date.
  - — Unique qualities.
  - — Constituencies.
- Problem statement.
  - — Background of issue, its significance to this community.
  - — Effective prototypes.

- Your goals and why and how you are capable of achieving them.
- Evidence of your success.
- Implications of your success in addressing the issue.
- References to bibliographic and footnote material in the appendixes.

- Program objectives.
  - Outline of specific objectives.
  - Outline of the evaluation and measurement techniques you will use to judge effectiveness. Refer the reader to the appendixes for full descriptions.
  - Impact of your project on the issue and how the issue ties in with the funding source.
  - Detailed description of how long the funding will last and how the project will be funded after the funds have been depleted.

- Program methods.
  - Activities planned to meet objectives.
  - Personnel required and their functions.
  - Structure of project and its timing.
  - Alternatives noted and addressed in full in appendixes.

- Evaluation.
  - Proposal for evaluative methods to determine the effectiveness of your project.
  - Specifics with regard to the project and the objectives.
  - Concise, realistic, and complete format.

- Budget.
  - All costs, direct and indirect.
  - Realistic but conservative projection.
  - Line items footnoted.

- Appendixes.
  - Published information about your organization.
  - Bylaws, papers of incorporation, or other legal documents.
  - Proof of tax-exempt status—501(c)(3) form.
  - Resumes or other biographical information on the leadership and any consultants you plan to use.
  - List of the board members, with biographical information on each of them.
  - Certified audits.
  - Facilities and equipment description.

— Examples of successful projects your organization has undertaken or has under way.

— Examples of effective similar projects.

— Detailed testing and evaluation descriptions.

In your proposal make sure that you do the following:

- Admit your problems if asked, but do not present this information yourself, and state the problems in the context of educational, growing experiences.
- Ask questions.
- Meet deadlines.
- Be professional.
- Highlight milestones and footnote them. Information should be kept on file for reference or copying.
- Emphasize the prominence of the issue.
- Emphasize the future outlook for the issue.

FOLLOWUP

The following points are critical:

- Confirm that the target received your application and has all of the necessary materials.
- Send letters of thanks to all who helped, both inside and outside the organization, within 24 hours of receiving word. The letter to the supporter should be signed by the head of the institution and mention the names of those who played key roles. It must be a personal note and, if in response to a go-ahead, should include the specific type of support or grant amount agreed on.
- Determine whether the supporter wants publicity and in what form, which may include receptions, press releases, news conferences, or magazine articles.
- Conduct a wrap-up meeting to review every aspect of your campaign.
- Inform the staff of developments; they are your best public relations representatives.
- Determine what the donor's evaluation guidelines are and describe your own, in writing, if he or she has none.
- Confirm how often and in what format reports to the supporter should be made. If the donor does not require any reports, send them anyway. It reminds the donor of your existence, the importance of the donor's role, and the future needs of the organization.

- Send information such as press releases, publications, staff hiring announcements, and so on to the supporter as soon as it is available. Invite the supporter to any panels, seminars, or gatherings in which your organization is involved.

- If you have received a negative response on your proposal, write a thank-you note and try to make an appointment to find out if or how you can restructure your proposal or project for resubmittal. Use the target's expertise. He or she may be able to suggest other supporters or other ways of obtaining the support from the source organization.

FINAL NOTES

- Diversifying your funding or support sources increases the chances that your program will survive.
- Developing a constituency ensures continued support.
- Militancy or overzealousness decreases the chance of receiving funds.
- Timing is critical in every aspect of your campaign.
- Your rapport with the community determines your success. Document everything.
- Changing one variable changes everything in your organization or campaign.
- Attend to details.
- Thank your staff and volunteers.
- Successful fundraisers have a positive attitude: failure is unthinkable.
- This is your project. Only at this community level can you make an impact, and only through your intimate knowledge of your area can you hope to redress the problem.

LIST OF FUNDRAISING SOURCES

GENERAL

The *Annual Register of Grant Support* for Government and private programs describes the type, purpose, and duration of grants, amount of funding available for each award, eligibility requirements, number of applicants and recipients, application instructions and deadlines, personnel, areas of interest, etc. Order from

Marquis Who's Who, Inc.
200 E. Ohio Street
Chicago, IL 60611

CASE Annual Fund Ideas, The Best of CASE Currents, edited by Virginia L. Carter, gives examples of some of the most effective fundraising ideas in the educational field. Order from

Council for Advancement and Support of Education
11 Dupont Circle, Suite 400
Washington, DC 20036

The FRI Annual Giving Book by Jane Williams describes how to run an annual fundraising campaign. Order from

Fund Raising Institute
Box 365
Ambler, PA 19002

Fund Raising—The Guide to Raising Money from Private Sources by Thomas E. Broce is one of the best "how to" books. Order from

University of Oklahoma Press
1005 Aspen Avenue
Norman, OK 73019

Giving USA is the annual report of the American Association of Fund-Raising Council. Order from

American Association of Fund-Raising Council
25 W. 43rd Street
New York, NY 10036

Grants for the Arts by Virginia White is a good overall fundraising guide with extensive reference material. Although it pertains specifically to the arts, its applicability to all fundraising makes it worthwhile for anyone. Order from

Plenum Press
227 W. 17th Street
New York, NY 10011

The Proposal Writer's Swipe File reproduces some of the best proposals. There are several books of this type. Order from

Taft Corporation
5125 MacArthur Boulevard, NW
Washington, DC 20016

For many types of information, some of which is duplicated in the Foundation Center's and other publications, see the following:

- *The Social Register*.
- *Taft Corporate Directory*.
- *Taft Foundation Reporter* (a comprehensive profile and analysis of private foundations).

- *Corporate Giving Yellow Pages.*
- *America's Wealthiest People* (discusses the philanthropic and nonprofit affiliations of more than 500 people).
- *The Thirteen Most Common Fund Raising Mistakes and How to Avoid Them.*

CORPORATIONS

Corporate Philanthropic Public Service Activities by James F. Harris and Anne Klepper. Order from

The Conference Board
845 Third Avenue
New York, NY 10022

Corporate 500: The Directory of Corporate Philanthropy, published by the Public Management Institute, is just what its name implies. Order from

Gale Research Company
835 Penobscot Building
Detroit, MI 48006

Million Dollar Directory and *Middle Market Directory*. Order from

Dun & Bradstreet
99 Church Street
New York, NY 10007

Standard and Poor's Register of Corporations, Directors and Executives is a useful reference tool once you have determined your targets and are looking for connections between the funder and the solicitor. Order from

Standard and Poor
25 Broadway
New York, NY 10004

The Wall Street Journal

Business Week

Forbes Magazine

FOUNDATIONS

The Foundation Center of New York is a research repository with branches in Washington, DC; Cleveland; and San Francisco; and collections in most major libraries. They have published many fine references, including a bibliography of books about foundations by State. The following are the most useful books by the staff of the Foundation Center:

- *Foundation Center National Data Book* and *Index* gives information taken from IRS returns on 21,000 U.S. foundations and also contains a bibliography of directories of State and local grantmakers.

- *Foundation Directory* lists U.S. foundations that have assets of at least $1 million or make grants of more than $100,000 annually. It gives complete descriptive information.

- *Foundation Fundamentals*, which provides what its name implies, describes the Foundation Center's activities and publications and is generally one of the best reference books to have on hand.

- *Foundation Center Source Book Profiles* analyzes the giving patterns of the top 1,000 foundations.

- See *annual reports* for names of officers and trustees, purposes of grants, lists of awards, and future policies and plans. You can also write individual organizations for copies of their annual reports.

All of the above may be used at the various Foundation Center locations or obtained by writing to The Foundation Center, 888 Seventh Avenue, New York, NY 10019.

Comsearch printouts list grants by subject in about 55 areas. Information includes name and location of granting organization, amount given, recipients, description of projects funded, etc.

IRS Returns are available from

IRS Center
P.O. Box 187
Cornwells Heights, PA 19020

990 AR forms are filed at the end of the fiscal year and list the following information on nonprofit organizations: foundation management, assets, and grants planned or committed for future payment.

Forms 990 PF list the following information: receipts, expenditures, compensation of officers, and capital gains or losses.

FEDERAL GOVERNMENT

Catalog of Federal Domestic Assistance. Order from

Superintendent of Documents
National Archives & Records Service
U.S. Government Printing Office
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Bibliography

Adam, C. A descriptive definition of primary prevention. *Journal of Primary Prevention (Human Sciences Press)* 2(2), Winter 1981.

Amy, M. *Program Planning and Implementation Adolescent Peer Pressure Theory, Correlates and Program Implications for Drug Abuse Prevention.* Rockville, Md.: NIDA, 1981.

Barnes, G.M. Evaluation of alcohol education: A reassessment of socialization theory. *Journal of Drug Education* 14(2):133–149, 1984.

Bernard, B. Peer programs: The lodestone of prevention. *Prevention Forum,* January 1988.

Blanton, J., and Alley, S. *Organizational Self-Study: A Manual for Program Development.* San Rafael, Calif.: Social Action Research Center, 1978.

Campbell, D.T., and Stanley, J.C. *Experimental and Quasi-Experimental Designs for Research.* Chicago: Rand McNally and Co., 1969.

Croan, G., and Lees, J. *Building Effective Coalitions: Some Planning Considerations.* Office of Juvenile Justice and Delinquency Prevention, Law Enforcement Assistance Administration, U.S. Department of Justice: Washington, D.C., 1979.

Dosher, A. The world of social networks. *New Designs,* March/April 1981.

Egan, G., and Cowan, M. *People in Systems: A Model for Development in the Human Service Professions and Education.* Monterey, Calif.: Brooks-Cole, 1979.

French, J.F., and Kaufman, N.J., eds. *Handbook for Prevention Evaluation: Prevention Evaluation Guidelines.* Rockville, Md.: NIDA, 1981.

Froland, C., and Pancoast, D., eds. *Networks for Helping: Illustrations from Research and Practice.* Portland, Ore.: Portland State University, 1978.

Garmezy, N., and Rutter, M. *Stress, Coping and Development in Children.* New York: McGraw-Hill, 1983.

Gibbs, J. A review of current research and state-of-the-art strategies to prevent and disrupt the use of alcohol and drugs by children and youth. Prevention Center, Jefferson County School District, Colo., April 1986.

Hawkins, D.J.; Lishner, D.M.; and Catalano, R.F. Childhood predictors of adolescent substance abuse. *Etiology of Drug Abuse: Implications for Prevention.* NIDA Research Monograph 56, DHHS Publication (ADM)85-1335, Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1985.

Isaac, S., and Michael, W.B. *Handbook in Research and Evaluation.* San Diego: Edits Publishers, 1980.

Kandel, D.B. Epidemiological and psychological perspectives on adolescent drug use. *Journal of the American Academy of Child Psychiatry* 21(4):328–347, 1982.

Lofquist, W. *Discovering the Meaning of Prevention: A Practical Approach to Positive Change.* Tucson: AYD Publications, 1983.

Monroe-Scott, B., and Valetta, M. *A Guidebook for Planning Alcohol Prevention Programs with Black Youth.* Washington, D.C.: NIAAA, 1981.

Prevention Planning Workbook, Volume I. Rockville, Md.: NIDA, 1975.

A Guide to Multicultural Drug Abuse Prevention: Strategies. Rockville, Md.: NIDA, 1981.

A Needs Assessment Workbook for Prevention Planning. Rockville, Md.: NIDA, 1981.

Patton, M.Q. *Utilization-Focused Evaluation.* Beverly Hills: Sage Publications, 1978.

Patton, M.Q. *Qualitative Evaluation Methods.* Beverly Hills: Sage Publications, 1982.

Perry, C.L., and Murray, D.M. The prevention of adolescent drug abuse: Implications from etiological, developmental, behavioral, and environmental models. *Etiology of Drug Abuse: Implications for Prevention.* NIDA Research Monograph 56, DHHS Publication (ADM)85-1335, Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1985.

Resnick, H., and Gibbs, J. Types of peer program approaches. In: *Adolescent Peer Pressure: Theory, Correlates and Program Implications for Drug Abuse Prevention.* Rockville, Md.: NIDA, 1981. pp. 47–89.

Schaps, E.; DiBartolo, R.; Moskowitz, J.; Palley, E.; and Churgin, S. A review of 127 drug abuse prevention program evaluations. *Journal of Drug Issues* 11:17–44, 1981.

Schon, D. *Beyond the Stable State.* New York: Random House, 1971.

Siegel, L.M.; Attkisson, C.C.; and Cohn, A.H. Mental health needs assessment strategies and techniques. In: Hargreaves, W.A.; Attkisson, C.C.; Siegel, L.M.; McIntyre, M.H.; and Sorensen, M.H, eds. *Resource Materials for Community Mental Health Program Evaluation, Part II.* San Francisco, Calif.: National Institute of Mental Health, 1974.

Tarbet, S.; Martindale, J.; and Gibbs, J. *Youth and Alcohol Related Problems: A Contemporary Perspective and Implications for Effective Strategies.* Lafayette, Calif.: Center for Human Development, 1986.

Tobler, N. Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues* 16(4):537–567, 1986.

Werner, E. *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*. New York: McGraw-Hill, 1982.

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